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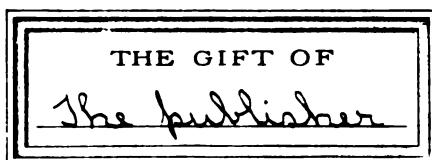
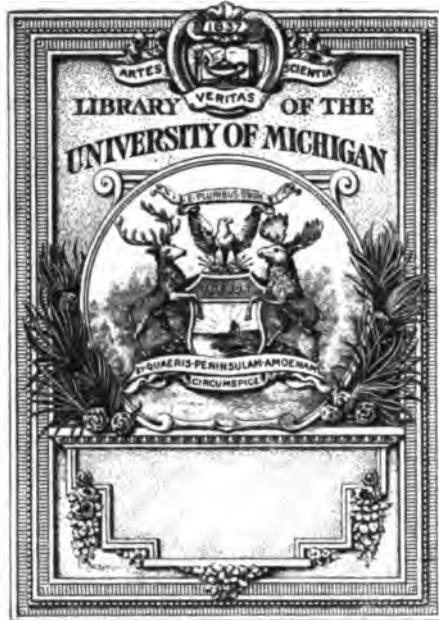
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Eclectic Medical Gleaner.

1904.

VOLUME XV.

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THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

JANUARY, 1904.

NO. 1.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

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EDITORIAL NOTES.

DOCTOR, if you do not see the GLEANER every month, look this January, 1904, over. It is No. 1, Vol. xv., and we think it contains a number of very excellent things—things that must help you think—*aids* in the work entailed upon you by your profession, to an easier and better way. *Aids* to the doctor do not all come by way of the recommendation of remedies. Suggestions that encourage him; that make him think more and better of himself and of his business; that strengthen his faith in humanity and in medicine; that cause a smile to take the place of a frown; that make for him good cheer; that make him look up, and not down; that help him build better and wider associations, professional and social; that make the world around him look brighter, gayer; that help lift his loads and carry his burdens, are frequent *aids* even greater than the suggestion of remedies. They help him act, and keep a mental equipoise, through which and by which no trouble is unsurmountable. It is the aim and purpose of the GLEANER in 1904 to do more and better than ever to and for its friends in every way. It wants to keep its old friends; it wants new ones. Doctor, will you go with us?

PNEUMONIA.

I merely want to jot down a few things to be remembered in the treatment of this very easily managed disease. There are unshakably solid, fundamental and practical reasons for the do's and don't's I shall submit, but I have not the space to spare for them.

Don't commence the treatment of pneumonia with a cathartic, or even a laxative. If the bowels *must* be moved, use an injection.

Don't forget that the patient's recovery must depend upon his pos-

session of *enough* of vital energy, and therefore do husband this vitality to the utmost.

Don't ever use that devil's invention, the ice pack.

Don't use any sloppy applications on the patient's chest.

Don't use any poultices or anything else of appreciable weight on the thorax. The lightest of them will force the respiratory muscles to lift at least a *ton* every twenty four hours.

Don't in any stage of the disease whip the tired heart with digatalis, strychnia, etc. Go for the *cause*; the effect will take care of itself.

Don't give antipyretics for the *symptom*—fever. They are all cardiac depressants, just what you *don't* want.

The only rational treatment is *causal* treatment. Employ only the *one* remedy specific to the primal lesion—veratrum and bryonia. Can you suggest a *sensible* reason for giving your patient several different drugs in rotation? Do not waste time and the patient's life in vain attempts to combat *effects*. It almost never happens that palliative treatment is justified.

Don't hypermedicate. Do for heaven's sake (including the patient's and your own) *let your patient get well*

C.

WHEN a foreign body has been swallowed, it is not always best to provoke emesis. This is especially true if the body be irregular in shape, or have sharp projections (like an open safety pin or a campaign button). The better plan is to produce constipation and promote large, heavy stools. To this end better restrict the ingestion of fluids, administer small amounts of opium, and give as food an abundance of potatoes, cheese, boiled eggs, bread, etc., with the hope that the foreign body may become enveloped in a mass of heavy feces, and passed without producing harm.

B.

THE remedies in greatest demand just now in this locality are for coughs and colds. The best ones are the indicated ones. Those oftenest demanded are bryonia, lobelia, acetous emetic tincture, aconite, ipecac, bichromate potash (small doses), phytolacca, sanguinaria, chloride ammonium, libradol, the old compound emetic powder locally. Warm beds, hot-water bottles, hot infusions, an occasional codeine or diaphoretic powder to quiet until the other remedy acts. No cough mixtures or nasty compounds. Everything kind, gentle, satisfactory. Try them. Think them over first.

B.

WE SEE in the last month's *Chicago Times* that Dr. John Tascher, E. M. I., '78, and Bennett, '80, recently of Albuquerque, New Mexico, died a short time ago. Poor fellow! Several years ago, in the hey-

day of his prosperity, when he was Dean, and prominent in the councils of Bennett, and of eclecticism, he was driven from Chicago because of a threatening lung trouble. He went to New Mexico; and the change was much encouraging. He gained in flesh, in health, and hope. We saw him once since in Chicago, and gladsome surprise filled us. In mid-summer last we heard from him, and that he was in excellent health. Now comes notice of the visit of the archangel, and our brother has fallen. Tascher, old boy, well do we remember certain exploits and efforts we made together in 1892, at St. Louis, towards cleaning the Augean stables of the National. We have always remembered you as a man and brother, and were sorry you could not help us complete the work then begun. With uncovered head, in silence and sackcloth and sorrow, we bow to the decree, and in low voice, exclaim poor Tascher! B.

THE great white plague is comparatively harmless to the human race just now—when pneumonia has the prominent part in the great medical play. Carefully note the causes of death for a few months now, and you will realize the havoc that pneumonia creates. Dr. Cooper says: "Don't overmedicate," and it is most excellent advice. Better not give a dose of medicine than to crowd antipyretics, expectorants, to be followed by heart stimulants, general stimulants, etc. The fever is not the cause, and it seldom or never kills. The sympathetic nervous system is your friend. Knock it out, and you lose. We can't write up the remedies here; but we suggest that you study these: Specific bryonia, ipecac, asclepias, gelsemium and belladonna. Don't give every case, with small, weak pulse, aconite, nor every case with full, bounding pulse, veratrum, or you'll have trouble. Study each case; study each drug; if in doubt, do not try to force a crisis. Make your patient as comfortable as possible; gratify his desires within reason; keep him quiet; do not let him worry or be worried; do not worry yourself; if you do, don't let him or his friends know that you are worried. Use good medicine; enough, not too much of it; use common sense; avoid fads, and you'll be pleased. B.

TO THOSE who do not know how some of the so-called "free medical clinics," of this city, are run, the true inwardness of them would be a revelation. While respectable men are at the head of many of them, we wonder if they have full knowledge of the "doings" of their assistants. In the first place, we do not think any of them are in the clinic business for the good of their physical health, and while "free" may be over the door, every poor sinner who enters is expected to pay tribute before his exit, and he generally pays it under some pretext or other. "No charge for operation; but a few dollars for operating-room expenses."

"Nothing for services; this is expensive medicine; pay us fifty cents," or a dollar as the patient seems able. The free-clinic man is a leg-puller, or he is not a success. This would be none of our business if we were not, with other respectable physicians, unjustly treated. If a man simply throws conscience to the dogs, and opens a free clinic to make a living, or to gain experience by a system of lying and cunning, and by taking advantage of the credulous sick, it is his business. But when the free-clinic conductor says to the patient untruthfully, "Your physician does not know about your case, he is wrong; this or that ails you; we are the people who know it all," he is a liar of the first water, and puts himself on a lower plane than does the rankest advertiser in the town. The free-clinic man who does this steals the livery of heaven in which to serve the devil. He adds misrepresentation and deceit of patient, to cutting the throat of the general profession. In our opinion the free-clinic man is driven to do desperate things to make a living. We speak especially of *private* free-clinics.

B.

IN THIS issue of the GLEANER we are pleased to reproduce a paper written in competition for a prize and offered at the meeting of the National Eclectic Medical Association at its Milwaukee meeting in 1902. It received the second prize. The paper that received first prize was published in the Transactions, and subsequently in a number of eclectic journals.

The author of this paper, Dr. George M. Aylsworth, of Collingwood, Canada, is an old school man, whose liberality and desire to cure disease, led him to the investigation of means and methods without the pale of regularity. As a consequence he *knows* homeopathy and eclecticism better than some who have always tramped within these camps. We had the pleasure of meeting him at Dr. Pratt's clinic some three or four years since; also, the pleasure of an unbroken correspondence extending over some six or eight years, and we know him to be a well-rounded medical man, a student of drugs, a prescriber of high and low potencies, a user of specific medicines, a la apostolic eclecticism, and all without prejudice for or against. Certainly only good can come from such study and research, and in strict conformity literally, Dr. Aylesworth is an *eclectic*, a chooser of the best he can find.

In his paper he does us much credit, and, at the same time, tells us that we have not finished our work, and that unless we make further advances our honors are likely to be wrested from us. Which is undoubtedly true. He has noted carefully that superabundance, that overwhelming richness in the eclectic *materia medica* of remedies acting upon the sympathetic nervous system. With this sympathetic as the life and light of physical man, the controller of every function and force in the body, who dares doubt the power of medicine when eclectics, through

medicine, *more than any other school*, or system of remedies, increase diminish or modify the actions of this sympathetic in its various distributions to parts and organs and of the body as a whole.

While we can demonstrate the force of remedies upon the sympathetic as satisfactorily as does Dr. Pratt, his surgery, then, is still that unanswered Why? or How? Dr. Pratt says his efforts are produced by or through *irritation*. Our remedies may act in the same way. We do not know.

We are glad to place Dr. Aylesworth's paper before the eclectics of the country. We hope it may have a wider distribution. The reading of it must stimulate honest thought in every reader.

B.

AUSTRIAN TABLET REGULATIONS.

BY PROF. JOHN URI LLOYD, Ph. D., Cincinnati, Ohio.

"The Austrian Government has issued a regulation making it necessary to secure the consent of the Minister of the Interior before stocking any kind of compressed tablets."—*Practical Druggist and Review of Reviews*, October, 1903.

The above extract, which has been widely distributed, may perhaps furnish a text that might better be commented on by a person like myself, not concerned in tablet manufacture, than by interested parties. This text, it seems to me, like many others, where a wrong in part is taken advantage of, to condemn radically and universally, is worthy of consideration. It reminds one of the fact that some people select a fault in an individual, and then damn that individual eternally, and that these same people will select a good quality in some other and more depraved individual, and then praise that man to the skies. There is no discrimination, there is no justice, in such methods. It is the method of the faddist, who stands in the dark room, and catches a ray of light through a knot hole, and then tries to make all who live in the sunshine come into his little dark room and look through that personal knot hole. It is the text that may be applied to all the men involved in "isms" and fads that are based upon a thread of fact, and who then imagine that their one little thread of fact is all the fact there is in life.

I am not a believer in tablets, as the tablet faddist believes in them. I do not make tablets, preferring to let them be stamped by men whose faith surpasses my own concerning them, and yet in behalf of the tablet I would ask discrimination in movement, and discriminative thought. I would say that the Austrian Government, in making a regulation that will damn all tablets, parallels the act of the man who meets a fault in

an individual, and then condemns everything in and about that individual's methods and life. I have said that I am not a believer in tablets, not that tablets are all bad, not that some tablets are not good, but because of the faddist who *extremes* in the other direction, who actually stands the antithesis of this Austrian Government expert, who says that there shall be no tablets sold in Austria. This faddist claims that the world revolves around the tablet, be it good or bad, and, in my opinion, does the creditable tablet great harm thereby. Discriminative thought should be applied, just as with pills, be these gelatine or sugar-coated; just as with liquids, alcoholic or aqueous; just as with drugs, crude or manipulated; just as with foods, raw or cooked. Unquestionably some substances are stamped into tablets that, thrown into the stomach in tablet form, are harmful. It is not long since I read of a case in England where tablets of croton chloral had produced death by resting in one point, inflaming the tissues in contact therewith, the result being fatal to the patient. Should all tablets be excluded from use because of this instance? We know, too, that faddist tablet manufacturers pretend to put into tablet substances that which *cannot* be brought into a dry condition without injury or destruction. This is a fault of the faddist, and should not discredit all tablets. We know that the faddist tablet manufacturer pretends, or imagines, that he can put into a tablet an evanescent compound that dissipates itself when dryness results. This is another wrong done the tablet by his friends. We know that, furthermore, many substances that would be very useful could they be given to a patient in solution; resinous substances, when stamped into tablets, become either inert or worthless; but this fact does not prove that some other substances may not be used in tablet form.

Discrimination is what we need, discriminative thought, justice to the tablet, and when the Austrian Government, on the one hand, puts its seal of disapproval on the entire list, and the enthusiastic tablet faddist, on the other hand, puts his seal of approval as universally in favor of that which cannot be, can we expect that anything else than wrong will come in a direction where really there is some right? Let us protest alike against the methods of both parties; the *extremest* who praises by one universal rule, and the critic who condemns by another universal rule, and beg from the professions at large, both in pharmacy and in medicine, the discriminative thought that should be applied to a class of substances that presents, in some directions, advantages that may be useful to the sick.

To meet collapse strychnine is an invaluable remedy. We may give hypodermically one-twentieth of a grain every two or three hours, until one-third of a grain is given; then stop. Digitalis is also a valuable remedy in collapse.—*Medical Summary.*

SPECIFIC MEDICATION BASED UPON AN ETIOLOGICAL ROCK.

BY **GEORGE M. AYLSWORTH, M. D.**, Collingwood, Canada.

The faith of the Medical Profession of 40 years ago was crystallized by Webster when he wrote:—"In medicine no such thing as a *Specific* exists." So that, in the opinion of the writer, the greatest advance in modern medicine, outside of Surgery, is Specific Medication.

Specific Medication is the offspring of the Eclectic School; at present of no interest to Homeopaths, and largely an impossibility to adherents of the dominant school. It is based upon experiment and observation in the first instance, and the Eclectic School has piled up a mountain of facts upon which its adherents depend for the treatment of disease, and of which they may well be proud. Their opponents deny the principle as well as the facts of Specific Medication, and demand a reason—Why? While such questionings should not be stifled, it is well to inquire if facts cease to be facts simply because we cannot explain them. The Eclectic might well turn querist and ask—Did quinine have no influence over malaria before Lavaran made his discovery? How does arsenic produce its remarkable alterative effects? and do we know how antipyrine reduces temperature?

The writer has not the least desire to ridicule or undervalue laboratory researches. He wishes to form a just estimate of them. If it takes clinicians many years to gain an approximately full knowledge of a drug's therapeutic qualities, why should we be asked to accept the conclusions of the laboratory without question, and base our prescriptions of drugs upon such conclusions without misgivings? The writer has been unable to take this course without great fear and trembling, especially when the claim for innocuousness is opposed by genuine clinical facts. For, illogical reasoning, error in technique and faulty observations are not so infrequent in laboratories as to render mistaken conclusions unusual. Laboratory conclusions must always yield the right of way to the clinical observations of thousands of careful, trained and earnest seekers for truth.

For the purposes of argument, we will not consider the many extremely young, if not ephemeral, so-called schools of medicine, but confine our attention to the three that have lived long enough to demonstrate their right to life—the Old, Reghlar or Dominant; the Homeopathic; and the Eclectic. The continued existence of these is *prima*

facie evidence that each of them has truth; but it does not necessarily follow that either one, or all of them, possesses all of it.

At present the Etiology of the Dominant School is seemingly almost completely contained in the word *germs*, and in accordance with this bacteriological view, the therapeutics of its leaders consist, almost exclusively, in a defence against the invasion of germs and their removal or destruction when present. Their success in the former direction has been notable; but in the latter, it has been a long ways from phenomenal. The practical error, as a result of this exclusive etiology, lies in the consequent search for germicides as a therapeutic measure, to at least the partial neglect of maintaining the vital energy, both as a defence against germs and as an aid in destroying them and restoring the patient to health.

The Homeopath goes to the other extreme, and with a fine disregard for pathology, etiology and vital energy, adopts as his sole therapeutic shibboleth which, in some cases, is undoubtedly true—that a drug which will produce certain symptoms will cure a diseased condition manifesting similar symptoms. Ignoring all failures, the true Homeopath accepts as a universal law what is only proven to be sometimes true. Therefore, he ignores the aid to be obtained from therapeutic measures, the usefulness of which it would seem impossible to overlook.

The Eclectic, possessing a fortress in Specific Medication, has until recently rested satisfied, neither realizing its limitations nor attempting, except very occasionally, to show that his fortress rests upon a foundation of sound etiology. Because of this negligence Specific Medication has failed to overcome prejudice or to impress others as it should have done, thereby limiting the usefulness of the magnificent truths for which the School stands as the exponent.

Few will deny the bald statement that—when the protective resources of a human body are perfect—germs cannot produce disease in that organism. But, when these protective resources are imperfect, germs can produce disease, and, having once established it, they can perpetuate it. Therefore, germs do cause disease, *but* only in organisms whose health is already impaired. Germs, then, are not the *primary* cause of disease.

The therapeutic astigmatism of the earlier Eclectics, pointed out a moment ago, while not surprising, was unfortunate, and is now passing away. For the time being, however, it prevented the great therapeutic truth for which they stand from making the headway it should. But, on January 4, 1902, the leading Medical Journal on the continent, in the Dominant School, opened its columns for the discussion of Eclectic remedies. This partial failure of the early Eclectics was similar to that

of that grand medical protestant, Hahnemann, who influenced the general profession immediately, more by the infinitesimals of his salivation, or his dogma, *Similia similibus curantur*. His influence was, therefore, not an unmixed good, for it swung the pendulum of progress too far, and generated therapeutic nihilism.

So, too, the Eclectic School stepped in between the abominations of old school therapeutics of forty or fifty years ago and the absurdities of Hahnemann's infinitesimals, or their equivalent, expectant treatment, and formulated Specific Medication. This, of course, was an evolution, for its truth was too big, too good and too new, for many mortals to grasp instantaneously. Therefore, during the evolutionary process it shut out other truths. Thus, the pendulum of therapeutic progress is, by our leaders, pushed back and forth from one extreme to another. The rank and file of the profession, however, like the force of gravitation, are gradually, but surely, shortening the swing, and will ultimately bring it to rest at its normal centre, Specific Medication.

The writer proposes to show that this is the "manifest destiny" of medicinal therapeutics, by calmly and dispassionately demonstrating (as he thinks beyond peradventure), that Specific Medication owes its superiority as a therapeutic system to the etiological truth, That *abnormal ganglionic nerve force must be present before disease can manifest itself by symptoms*. And Specific Medication endeavors to, and in many instances does, even now, remove these symptoms by directly correcting the abnormal action of the disturbed nerve centre upon which they depend, through the administration of drugs that possess the power so to do.

Why we have not drugs that will specifically restore every departure from formal action of every ganglion is due simply to a want of knowledge, and not because the theory is false or the drug does not exist. This lack shows itself more in the need for a differentiation of the functions of the various ganglia than in the need for drugs to influence them. This is hard to disprove when you look at the many drugs which influence a complex function, and think how little has been done to differentiate their therapeutic effects. As an instance: we have Cimicifuga, Caulophyllum, Viburnum, Senecio, Aletris, Helonias, Pulsatilla, etc., each having a specific influence over woman's sexual organs, and the best effort to differentiate their therapeutic effects the writer has seen is that of Finley Ellingwood in the Alkaloidal Clinic of November, 1901. But in the opinion of the writer, while it is probably the best effort in that direction possible at the present time, it is very imperfect, because it does not indicate which of the various ganglia controlling this innervation is influenced by each remedy. How easy to point to the

list of drugs, veratrum, aconite, cactus, strophanthus, crataegus, etc., that undoubtedly influence the cardiac ganglia, and how little has been done in the way of differentiation in their use.

True, Prof. E. H. Pratt, in his surgical work upon the orifices of the body, has been using these etiological principles; and Prof. Byron Robinson, by his marvelous work on the anatomy and physiology of the ganglionic nervous system, has demonstrated their soundness in gynecological work. The latter has not only gone so far as to claim that constipation is largely due to abnormal nerve energy generated in the mesenteric ganglia, but has formulated this conclusion: (The Abdominal Brain, p. 242) "The Superior Mesenteric ganglion, presiding over the small intestine and the right half of the large bowel, perhaps evacuates, or forwards, its contents analward three to five times daily, while the Inferior Mesenteric ganglion, presiding over the fecal reservoir," (which in another place he defines as the left half of the colon and the rectum) "evacuates, or forwards its contents analward once daily."

This definite differentiation of the functions of these ganglia is but a hint of what is needed to perfect Specific Medication. And yet, the *general* application of this etiological principle in connection with drug therapeutics has not even been attempted, as far as the writer is aware, except in a very misty way by himself in a paper published a few years ago. The paper was entitled "The Ganglionic Nervous System as an Etiological Factor in Disease, and the Feasibility of Basing Drug Therapeutics thereon." It attracted some attention, was copied in full by the MEDICAL GLEANER in February, 1898, from the Alkaloidal Clinic of the preceding month, and extracts and echoes have appeared in journals since.

The profession in general is slowly adopting the ideas of Pratt and Robinson as to advances in surgery, and as a matter of course without giving them the credit they deserve. The writer's faith in the triumph of truth does not permit him to doubt that the views now being advanced will ultimately prevail. For even now, a decided drift of professional opinion is apparent in this direction. A few years ago, Hirt, one of the foremost authorities in Europe upon nervous diseases, wrote; (p. 395) "At present we can form no idea how many diseases, not only of the nerves and of the muscles, but also of other organs, we shall have to call trophic." The editor of American Medicine, (Oct. 19, 1901), discussing the cause of gangrene in President McKinley's case, remarked: "Some symptoms and facts appear hard to reconcile with any other hypothesis than injury to the great sympathetic." The American Homeopathist (Nov. 15, 1901) remarks: "Now take the President's case. The ball passed through the stomach, struck the left kidney and then

was buried in the muscles of the back. Buried in these same muscles are ganglia of the sympathetic nerve. If one of those was injured we could account for all the subsequent phenomena. A degenerative process would take off the controlling power of the sympathetic and allow the pulse to run in a rapid manner—like a machine with the fly-wheel off. The same lack of nerve force would account for the lack of reparative power in the wounds. The subsequent degeneration of the wounded nerve would be sufficient to cause death."

In passing, it is interesting to note that if the ganglionic nerves preside over nutrition, in all probability these views of this remarkable and lamentable case are correct. Upon the other hand, while only the highest peans of praise are due the surgeons who, under the circumstances, could work so perfectly that an autopsy demonstrated the sterility of their wounds after so many days, yet while we may regret that the friends of the deceased refused to permit a search long enough to locate the bullet, in all probability had it been found *imbedded* in a dorsal ganglion, the fact would not have attracted attention outside the "sphere of influence" dominated by the ideas of Pratt and Robinson, even if a note had been made of it.

In any event the writer believes that Eclectics will not be permitted to rest on their laurels. They must continue to push the car of medicinal therapeutics up the steeps before them until the heights of ganglionic differentiation and drug adaptability are scaled, lest outsiders do it for them, and rob their school of its glory.

To procure a fair field in an effort to convince each unprejudiced medical man in every school that the position occupied by Specific Medication is impregnable, its boundaries and limitations must be strictly defined. It must therefore be premised that it can only be compared with other systems of therapeutics when confined to the administration of drugs. Specific Medication proper has nothing to do with local applications, surgery, sanitation or hygiene. It finds the results of bad hygiene and unsanitary surroundings and deals with what it finds. True, the acme of therapeutics is to remove the cause of disease, but Specific Medication has nothing to do with causes of disease arising outside the body. It meets the cause of disturbed function within the body—*abnormal innervation*—and by direct action on that cause, removes it, thereby curing disease more promptly than other systems of medication.

To support this statement, and to defend the thesis to the best advantage, it seems necessary to go to first principles and inquire:—

What is a healthy human being? It is one in which every organ is normal and every function of every organ is normally performed.

What is a diseased human being? It is one, having one or more organs abnormal, or one in which one or more functions of one or more organs are performed in an abnormal manner, or not at all.

What are these deviations from the normal? *Stimulation, sedation, alteration.* Scudder's—Excess, defect, perversion—above, below, from.

What are the functions of Etiology and Therapeutics? To point out how these deviations occur, and how they can be corrected when once established.

To the writer these answers are axioms. But, as already indicated, it should be borne in mind that this discussion is confined to Specific Medication. Therefore it is only the therapeutic effects of drugs administered internally with which it has to deal, and as a consequence it does not consider etiological factors not found within the organism.

Among the organs commonly thought essential to life are the brain and spinal cord. Yet it is a matter of record that the intra-uterine life of a human fetus will go on to the end of gestation, and a child, well nourished in other particulars, be born alive without possessing either brain or spinal cord. True, in the writer's experience, the child does not take many breaths before it dies. But enough to demonstrate that, barring digestion, all the functions of all the organs needed for growth can be performed without the aid of a cerebro-spinal nervous system. And, as in extra-uterine life, after the food passes the portals of the esophagus its digestion, absorption, etc., is entirely under the control of the ganglionic system; no function is left to be controlled by the cerebro-spinal that is necessary for growth.

It will be freely admitted that the functions of the cerebro-spinal system are to receive impressions from external sources, to endure sensations, to reason thereon, and to control the voluntary actions and motions of the different parts of the body in accordance with the conclusions reached. In the lower forms of life the ganglionic type of nerves is all the creature possesses, the cerebro-spinal system not being needed, inasmuch as it obtains nourishment directly from the media in which it lives. But in mammalia, the cerebro-spinal nerves decide what nutriment is good, and what is bad; procure it, and convey it in a suitable form to the masticatory organs; once having passed the portals of the esophagus, the ganglionic system takes complete charge.

The functions of the ganglionic system of nerves, according to its most enthusiastic student of the present day—Byron Robinson—are “(1) To preside over nutrition; (2) To control the circulation; (3) To control gland secretion; (4) To preside over the organs of generation; (5) To control the viscera through their own ganglia; (6) To produce muscular action in the involuntary muscles, causing them to contract

periodically, as in the heart, uterus and intestines." This was well understood thousands of years ago, as evidenced by the Biblical enquiry—"Who by taking thought can add one cubit to his stature?"

It is also acquiesced in by the science of to-day. For which of you, by merely taking thought through your cerebro-spinal nervous system, can influence any one of the necessary processes of assimilation laid down by Davis in his Dietotherapy, just off the press of P. Blackiston's Son & Co.—"Food must be prepared by digestion, absorbed, modified by the liver, the thyroid gland, or its secretions, and by other glands; it must be selected by such cells as need it, modified chemically and physically each time before it serves its purpose of contributing to growth and strength, the production of heat, muscular and nervous energy, the formation of secretions, and to reproduction."

All of this may be so trite that few will be found to question its correctness. But if it is correct, how can one escape the conviction that in a vast majority of instances it is the stimulation, sedation or alteration of the ganglionic nervous system that induces disease in the various organs, manifested by a disturbance of their functions. It necessarily follows that the office of drug therapeusis is, to quell such disturbance by restoring to the normal the stimulated, sedated or altered nerve energy generated in the various ganglia.

But the writer would like to make clear that he does not claim for the ganglionic nervous system absolute independence of the cerebro-spinal. For there are few medical men who have not experienced what is called "watering of the mouth" at the prospect of enjoying some delicious dietary dainty. This of course is merely an increased secretion from the salivary glands produced by the stimulating sensation of seeing, smelling, or even hearing of said dainty, transmitted through the brain to the ganglia controlling these glands. Most of us have experienced the effect of fear upon the ganglionic system to the extent of blanching of the cheeks, though few of us would care to acknowledge we had to the extent of relaxation of the sphincters. Most medical men have seen a child made very ill, if not killed from partaking of the milk of the mother which had become poisonous from the violent emotion of the latter.

The causes of these disturbances of ganglionic nerve force being purely mental could in no way produce such effects except through the cerebro-spinal centres. But they form only a small percentage of the causes influencing the former, yet they are the foundation upon which is based the innumerable variety of mental or psychic healing. All this tends to emphasize the truth of the writer's dictum — Abnormal

ganglionic nerve force must be present before disease can manifest itself by symptoms.

The truth of this dictum must seem to the thoughtful physician almost self-evident. But preconceived ideas are so powerful that to obtain a hearing it must be pleaded for without errors in fact, or mistakes in logic. For all who believe in the germ theory of disease (the great mass of the profession) will regard it at first glance as a baseless statement; and extreme bacteriologists (the present leaders of regular medicine whose ideas are pervading the other schools) would regard it as akin to sacrilege. This is so because the germ theory as a working hypothesis in surgery has produced the enormous progress recently made in that department of medicine, and as a basis for reasoning it seemed solid and broad.

But when have there been steps taken to ward off the attacks of germs in surgical cases unless the protective resources of the body had been previously lowered by a solution of continuity in the skin or mucous membranes? When and where have such precautions been demonstrated to be of use, let alone a necessity, in simple fractures? So that in traumatic cases the disease does not begin with the invasion of germs, but in the lowering of the protective resources of the body by the solution of continuity in skin or mucous membrane.

This position in regard to surgery cannot be gainsaid, and is equally true of non-surgical disease. But the protective resources of the body against diseases that take possession without a tangible, open gateway, through skin or mucous membrane are much more elusive. A man can spend a lifetime amidst horses, old harness and manure piles with perfect immunity from tetanus, should his skin and mucous membranes be intact. But what is it that enables certain individuals to defy virulent infectious and contagious diseases, harbor hematozoa malaria in their blood, Klebs-Loeffler bacilli in their mucous membranes, and the Widal reaction be obtained without clinical evidence of disease? No doubt it is the possession by the individual of very great vital energy. The supply of this vitality is obtained with the separate life at birth, but it is maintained and influenced during life by the nutrition of the individual. The ganglionic nervous system presides over nutrition—the food being once ingested—ergo, nutrition is the source, after birth, of this protective power. Therefore, abnormal ganglionic nerve force must be present before disease can manifest itself by symptoms.

If this dictum be true, the fathers of Eclecticism builded better than they knew when they founded Specific Medication upon this etiological rock. If knowledge be power, its present adherents and their children

should make it *the therapeutic rock itself*, against which the waves of therapeutic expediency must beat harmlessly, if ceaselessly.

It is not difficult to show the therapeutic errors into which the non-acceptors of this etiological dictum are likely to fall. The writer thinks this can be demonstrated even if he confines himself to the consideration of nervous diseases. In their study it is an indisputable fact that attention has been directed almost exclusively to the pathological conditions of the cerebro-spinal system and therapeutic measures have been directed almost exclusively to the same system. If the ganglionic nervous system controls nutrition, it controls the nutrition of the cerebro-spinal system. It therefore seems to the writer it would be quite as reasonable to devote almost exclusive attention to the abnormal appearance of the skin in exanthemata, and confine therapeutic efforts to their removal.

Is it not a debatable question whether or not the profession of to-day has reason to boast much in this instance over our predecessors, who surrounded their scarlatina patients with red curtains as the acme of therapeutics?

To justify this somewhat severe criticism let us glance through the most recent and highly lauded book upon nervous diseases in the writer's library, written by Dr. Ludwig Hirt of Breslau, and enthusiastically praised on this side of the Atlantic by Osler and Weir Mitchell of the Dominant School, and by many reviewers among Homeopaths and Eclectics. The English translation of Hirt's work is a book of 700 pages, of which twenty (!) are devoted to diseases of the trophic and vaso-motor nerves. To show that Hirt is not alone in the neglect of this nervous system, it is well to note that out of the 1,050 pages Osler devotes to the Principles and Practice of Medicine, he gives but seven to diseases of the sympathetic.

Hirt asserts (p. 393) "That while we are to-day still unable to demonstrate the existence of definite trophic nerve fibres for the regulation of the nutrition of the tissues, on the other hand the existence of such a direct trophic influence of the nervous system on the tissues cannot be called into question." Such indefiniteness in physiology and consequent agnosticism as to etiology can only lead to similar agnosticism as to treatment. Therefore, it does not surprise us when he says of one disease, (p. 404), "About the cause, just as little is known as about its treatment." Of another, (p. 403), "The outlook for recovery is absolutely bad, and therapeutics, as far as our knowledge goes, is powerless." Of a third, (p. 400), "We are not yet acquainted with any treatment, nor has any been tried as far as we know."

Now, if the functions of the ganglionic nervous system are what they are commonly believed to be, it does not appear to the writer to be difficult to decide that the vast majority of functional and organic diseases are caused, primarily within the body, by its derangement. For—abnormal ganglionic nerve force must be present before disease can manifest itself by symptoms.

Hirt states, (p. 623), "Tabes represents a degenerative process in which the entire nervous system takes part." And yet I have been unable to find the slightest reference to the ganglionic nervous system in the seven pages he devotes to its pathological anatomy. Seemingly he has completely lost sight of the fact that degeneration is an error in nutrition, and that nutrition is controlled by the ganglionic nervous system. As a result, its treatment is directed to the cerebro-spinal system exclusively, and is no more successful than would be expected under the circumstances.

As to paralysis agitans, he says, (p. 494), "The nature of the disease is not yet understood. We do not even know whether to refer it to the brain or to the muscles." Should he look to the ganglionic nervous system for the seat of the disease, precedent might be in a bad way, but possibly more success would attend his search, and he might not have to say—"Even to the present day we are not acquainted with any anatomical basis for the disease," and (p. 495), "The treatment is entirely fruitless." "We have not as yet seen any results from any of the therapeutic measures employed."

The partial inter-dependence of the two nervous systems has been emphasized, and it is this very inter-dependence that seems to make clear that all these nutritive diseases of the cerebro-spinal system are due to the imperfect performance of the nutritive function of the ganglionic system. With this faith firmly fixed in one's mind, can it be considered very impertinent to ask the leaders of the profession to give the cerebro-spinal system a rest, and direct their therapeutic efforts more towards correcting the abnormalities of the ganglionic system when trying to cure the nutritional, or degenerative, diseases of the former. Again, in the performance of its function of controlling nutrition the ganglionic nerve force must control the circulation and glandular function. Should this controlling nerve force deviate from the normal the result might be deranged circulation, which would be called hyperemia, congestion or inflammation; or general malnutrition might exist, which would be called anemia, chlorosis, etc. If these conditions continue long enough the result could be organic disease—softening due to sedation or defect—hardening, due to stimulation or excess—abnormal growth, due to alteration, or perversion.

If this be true, and it is also axiomatic that the removal of the cause of disease is the acme of therapeutics, it would seem wise to pay more attention to the functions of the ganglia and make more efforts to correct deviations from the normal in the nerve force generated therein before the occurrence of organic or pathological change. Just at this point steps in Specific Medication, backed up by great knowledge, and endeavors to cure, and, in many instances, does directly cure disease by correcting the abnormal action of the disturbed nerve centres upon which its symptoms depend. It does this work by using drugs that observation and experiment have shown to have the necessary power.

Is all this true? Does the stimulation, sedation or alteration of function of individual ganglia induce functional and pathological changes in the organs they control? Have we drugs which select one or more of these ganglionic centres and act upon them in preference to the rest of the organism? And can these drugs be utilized for the cure of disease?

If the stimulation, sedation or alteration of individual ganglia does not form the warp and woof of disease in a majority of instances, will some one explain why conjunctivitis occurs without corneitis, and iritis without either? why tonsilitis occurs without laryngitis and *vice versa*? why pericarditis occurs without endocarditis and angina pectoris without either? why peritonitis occurs without mucoenteritis and colic without either? In fact, why disease can occur in some one organ, as liver, kidney or ovary, without all of them being involved? For the remains of the humeral pathology—that the changes induced in an organ by disease are due to the blood—will not bear the clear light of logical thought based on modern knowledge, inasmuch as the blood that one instant nourishes a healthy organ the next instant is passing through a diseased one, and *vice versa*.

And if the control which each useful drug has over one or more ganglia does not form the right basis for drug therapeutics, will some one account for ergot producing tonic contraction of the uterus and viburnum relaxing it? Explain why senna produces painful contractions of the muscular coat of the intestines and colocynth in the minute dose relaxes it? Why belladonna dilates the pupil and opium contracts it? Why we see therapeutic results from ipecacuanha in the large bronchi and from tartarized antimony in the small bronchi? Why cactus, digitalis, crataegus, aconite and strophanthus exert an influence upon the heart; sabal serulata on the prostate; iris on the thyroid; mercury on the salivary glands; pulsatilla on the ovaries and testes; and phytolacca on the mammary glands? Why does jaborandi increase the secretion from many glands and atropa suppress it? Why does aloes spend its force

upon the rectum and apis mellifica and cantharides select the urinary tract for their field of action? Why will grindelia squarrosa reduce an enlarged liver and polymia uvedalia an enlarged spleen? and collinsonia remove irritation from the larynx and anus? Why does caffein act upon the cervical ganglia to relieve headache, dioscorea on Auerbach's plexus to relieve colic, jalap and sulphate of magnesia on Meissner's plexus to increase intestinal secretion, and copper arsenite to bring it to the norm?

If it were not becoming monotonous, could not this form of query be applied throughout the list of effective drugs? Can any one supply answers unless they are based upon the hypothesis advanced by the writer?

He therefore believes that just as the resisting power of the organism is weakened by a solution of continuity in the skin or mucous membranes leads to the exclusion and removal of germs from wounds as their latest and undoubtedly their best treatment now known, so the resisting power of the organism is weakened by the sedation, stimulation or alteration of the nerve force generated in one or more ganglia through faulty environment should lead to Specific Medication. For Specific Medication is nothing more or less than a direct attempt to remove these deviations from the norm by drugs as the best treatment of disease dependent thereon.

Notwithstanding all this, the writer does not regard Specific Medication as the noon of therapeutic daylight, but he thinks it should be regarded as a searchlight that will enable us to advance safely some distance into the world of therapeutic darkness surrounding us. Nor is it claimed that this is the only method of drug action, but that it is one of extreme importance and at the present time the one the least studied and most despised by the profession as a whole. For while no charge can be sustained against Eclectics or Homeopaths of neglecting to study drug action, it must be admitted that in the Dominant School internal medication, if not quite obsolete as a method of treatment, is merely "hanging on by its eyelids," that it may retain a place among therapeutic measures.

This is clearly shown in American Medicine in its issue of November 23, 1901, by Vandenberg's "Analysis of the papers presented during the late meeting of the New York State Medical Association at the Academy of Medicine in New York." He shows "that therapeutics by the use of drugs received a trifle over two per cent of the time of this meeting, and this only at the end, after interest had subsided and most of the members have gone home." Then he asks his confreres—"Was this the case in the days of our fathers? In the days of Alfred Stille and

his compeers? Do our associates, when making out the program, consider that ninety-five per cent of all the cases with which the practitioner has to deal are medical cases? Why then this less than two per cent of consideration?" The habitue of Dominant School Associations or the habitual reader of their proceedings needs no confirmation of Vandenberg's position. The purpose of the writer will be fully gained if he succeeds in stimulating the keen observers already engaged in the study of drug therapeutics to greater exertion and in addition diverting some of the ceaseless efforts and tireless energies of the enthusiastic minds of the profession from the somewhat exclusive if not hysterical hunt for microbes and germicides to an exhaustive examination of this subject in the future.

To prove a success, however, this examination involves as much care in the selection and use of drugs as the surgeon has learned to take of himself, his instruments and dressings. But the Eclectics, Homeopaths and a number of pharmaceutical firms have rendered this comparatively easy for the physician of to-day, by supplying reliable preparations of drugs of uniform quality.

In conclusion, the writer is thoroughly persuaded that if the therapeutics of drugs are as enthusiastically studied for the next twenty-five years from the standpoint of Specific Medication on the Etiological hypothesis herein advanced, greater progress would be made in the treatment of medical cases, than the similar study of germs for the last twenty-five years has produced in the treatment of accidental and surgical wounds.

So that if the writer is not chasing a phantom and Vandenberg is correct in his claim that ninety-five per cent of our cases are medical and but five per cent surgical, it can hardly be doubted that by the middle of the century the human race will have ten times more reason to bless our profession for advances in drug medication than it has now for the recent marvelous advances in surgery.

EPIDEMIC CATARRHAL - JAUNDICE.

By W. N. MUNDY, M. D., Forest, Ohio.

This disease, while not of particular interest to the general practitioner, is at present singularly so to the writer, due to the fact that at this time we are experiencing the second epidemic within a period of three years. Moreover, it is only our second experience within a period of twenty years. The prevalence of the disease also recalls to our memory some of our early teaching and the editorials of Prof. J. M. Scudder

relative to the "Epidemic Remedy," for certainly there seems to be seasons when a certain remedy or remedies are more particularly called for, and this year it is the case in this locality. *Chionanthus*, sodium phosphate and podophyllin seem to be the remedies. Acute catarrhal-jaundice has many synonyms, many of them referring either to the location of the diseased condition, or to the pathological conditions, for it must be remembered that the discoloration of the skin, or jaundice, is but a symptom, as indeed it is in all cases. *Gastro-duodenitis*, acute *angiocholitis*, *hepatogenous jaundice*, *icterus catarrhalis*, *duodeno-cholangitis*, inflammation of the common bile duct and *Weil's disease*, when prevailing as an infectious epidemic, are some of the many names it enjoys.

The literature of the disease is abundant, but few observers seem to have recognized the fact that the disease prevails as an epidemic. We have carefully reviewed the literature at our command, and find that the fact that it sometimes prevails as an epidemic is dismissed with a few words. Thus, Holt, in "Diseases of Children," under the caption, "Gastro-Duodenitis," says that Rehn "has described a form which occurred epidemically." Thompson, in "Practical Medicine," page 506, treating of catarrhal angiocholitis, says: "An epidemic form is separately described as 'Weil's Disease,' which he describes, on page 343, among 'Infectious Fevers.' He there uses the synonyms, Weil's disease, acute febrile jaundice or *icterus* (Fiedler's Disease)." He says: "The disease prevails chiefly in summer, and among males in the third and fourth decades of life." This is contrary to our own experience, as in both epidemics personally witnessed, it prevailed chiefly in the first and second decades of life, and in the late fall and early winter months. Osler, in his practice, on page 439, says: "Simple or catarrhal-jaundice may occur in epidemic form." On page 265 he describes Weil's disease "as an infectious disease of doubtful character." From his description and others we have read of this disease, we are inclined to believe that it is an entirely different malady from epidemic catarrhal-jaundice, or else we have witnessed it in a very mild form.

In the "International Medical Annual," 1903, page 422, are mentioned several epidemics of jaundice, which the author says were probably one of the affections known as "Weil's Disease." The symptoms described correspond closely with those personally observed, save only we have witnessed no fatal results.

Sajous' Annual, volume one, series of 1889, page C-31, says: "The so-called epidemic jaundice has been recognized and described by Murchison, Kelsh and many other writers. Parmenter says that it seems proven that jaundice may be a specific infectious malady, developed in marsh regions, and in much the same surroundings as those

which produce malaria or typhoid fever. Kelsh is even of the opinion that all forms of ordinary catarrhal-jaundice, sporadic or epidemic, are due to an infectious organism. Hirsh gives particulars of thirty-four epidemics of jaundice, all of which are purely local.

Anders, in "Practice of Medicine," page 847, describing the etiology of catarrhal-jaundice, says: "More rarely it has occurred in epidemic form." He, too, on page 368, describes Weil's disease as "acute febrile jaundice or Fiedler's disease." Page, in the "Practice of Medicine," says: "It appears to be endemic in certain seasons of the year, spring and autumn, so that a whole neighborhood, or a camp of soldiers, may become affected. * * * A gastro-duodenal catarrh is present in many cases." Weil's disease he does not mention.

DaCosta, in "Medical Diagnosis," page 603, describes Weil's disease as acute infectious jaundice. Catarrhal-jaundice is described on page 623, under the caption "Acute Congestion; Acute Hepatitis." He does not mention the fact that the latter at times prevails as an epidemic.

In Sajous' "Annual and Analytical Cyclopedia of Practical Medicine," Vol. 4, page 255, under the heading, "Weil's Disease or Acute Infectious Jaundice," the author says: "This has been recognized by German writers as a new disease; but others have looked upon it only as what has long been described as 'acute infectious jaundice,' a name that sufficiently designates it." When describing diseases of the liver the author describes "catarrhal angiocholitis," but does not mention the fact that it sometimes prevails as an epidemic, save only when speaking in general of jaundice, its varieties and pathology, he mentions the fact that Osler says it sometimes prevails as an epidemic, using the same quotations we have used above.

Pathology—The pathological findings in a case of acute catarrhal jaundice are similar to those of a catarrhal inflammation elsewhere. There is a catarrhal inflammation of the mucous lining of the duodenum, which extends into the ductus communis, and, in some instances, into the cystic and hepatic ducts. The swelling of the ducts, or possibly a plug of mucus obstructs them and thus interferes with a flow of bile. As a consequence intestinal digestion is interfered with, and we have the clay-colored, foul-smelling discharges. The liver is lighter in color and of an icteroid hue.

Etiology—We have dwelt at some length upon the causes, yet it is simply theoretical. In both epidemics with which we are familiar, no positive cause could be ascertained. We are of the opinion that atmospheric conditions were responsible for its prevalence. No local cause, such as miasmatic, improper food or unsanitary conditions could be responsible, as the cases were not confined either to one locality, household or school district, but were widespread and in every direction from

the village. Exposure to cold or wet is assigned as a cause, yet it is strange that cold or wet weather would produce in so many instances, and only in certain years, catarrhal jaundice.

Symptoms—The patient complains of a general malaise or lassitude for several days, followed by chilly sensations and a slight fever. We have never seen the temperature exceed 101° F. The pulse is slow, usually below the normal. Gastric derangements soon begin; generally during the second or third day, and consist of vague or wandering pains in the epigastric and hypochondriac regions, which are soon followed by vomiting. In many instances this is the most distressing symptom, and seems quite persistent. In others it quickly subsides, to be followed in twenty-four hours by icterus.

The bowels are generally constipated; the passages clay-colored and offensive. In a few instances diarrhea occurred. The urine was dark-colored, containing bile. The color seemed to depend upon the completeness of the obstruction in the duct, and consequently the color corresponded in some degree with the depth of color of the jaundice.

The jaundice appeared within twenty-four or forty-eight hours after the appearance of the gastric symptoms, and was usually of a light-yellow or lemon color, never approaching the dark greenish hue of cirrhosis, or of complete obstruction from gall-stones. The discoloration lasts from a week to ten days, gradually disappearing with convalescence. The patient, meanwhile, complains of nothing save a general muscular weakness.

Diagnosis—This is made by the gastro-intestinal symptoms, clay-colored stools and icterus. Should the latter symptom become very dark or persistent for more than two or three weeks, suspicion of a more malignant disease of the liver should be awakened.

While the symptoms correspond in many particulars with what has been termed "Weil's disease," we are satisfied it is of a much milder type, and hence we have been compelled to adhere to the term or nomenclature used above.

Prognosis—Favorable. We have neither seen nor heard of a single untoward result.

Treatment—This has been exceedingly simple. For the gastric irritation specific ipecac. Should the vomiting be attended with diarrhea, this will suffice. With this has been associated specific chionanthus. Alternated with these have usually been teaspoonful doses of sodium phosphate, in half a glass of hot water. Occasionally podophyllin, in eighth or quarter grain doses, has been substituted for this latter remedy. This was only when the tongue was broad, pasty and covered with a yellowish coat. The sodium phosphate answered an excellent purpose when there was considerable gastric irritation.

The diet was restricted for a few days, and the patient urged to drink liberally of water. Eight to ten days generally sufficed for a complete recovery. Many patients only had one to two prescriptions, suffering no inconvenience after the subsidence of the gastric disturbance.

SEPARATE AND MIXED MEDICAL BOARDS.

By G. W. JOHNSON, M. D., San Antonia, Tex.

TO THE EDITOR MEDICAL GLEANER: In the October number of your journal Dr. S. M. Sherman, Columbus, Ohio, replies to an article written by me on "Separate and Mixed Boards," in which he attempts to convince me that this mixed-board scheme is the best thing for the eclectic school of medicine.

Since the yellow mosquito has ceased to annoy me by its frequent buzz, and the yellow-fever expert has withdrawn the weight of his authoritative testimony, I would like to reply to the Doctor in his effort to prove to us that the mixed-board plan is our salvation.

The Doctor in his article informs me that Prof. I. G. Jones presided at his birth. This, I am willing to admit, is sufficient evidence to convince any one that Dr. Sherman is an eclectic, and can assure you that, as far as I know, no one questions the fact. My position in this particular is a peculiar one. I was born as the old home clock, which sat on the mantelpiece of an humble home, struck the hour of twelve in the year 1861. The flickering candle flame that furnished light for the occasion revealed the form of a medical attendant who was honest, and belonged to the ranks of medical reformers. That individual was a man who looked forward to my coming with interest and pride. The physician in charge was my uncle, and a botanic physician. I announced my arrival with cries, that caused my uncle to say: "This boy is a reformer and believes in his rights." The day of infusions and decoctions marked my coming. Now, that more light has been thrown upon my surroundings in the form of pleasant medication—specific medication—I desire to state that I have duly noted the transition, and am now fully prepared to defend my position.

Yes, Doctor, while I am willing to be convinced, I am bound to admit that I came of the family that the old fellow did who said: "I am open to conviction, but I'll be d—d if I wouldn't like to see the man who can convince me."

The Doctor has failed to convince me that the mixed-board scheme is proper, or in any way elevating to our men. It is not a question as to whether our men are able to take care of themselves, but it has resolved itself into whether or not we are to maintain our school of

medicine. I take the position that our men are as competent to teach anatomy, physiology, chemistry, pathology, etc., as physicians of other schools. With this realization before us, and an unquestioned therapeutic individuality as a school, I think it is in the fitness of things that we have separate and distinct examining boards. Separate boards have done much toward elevating our physicians in Texas, and I can't help feeling that it would prove true in other States.

Let us think seriously for a moment. To tell me that a man's fitness for the practice of medicine is to be passed upon by a board, the majority of which he knows to be antagonistic to his professional interests, will not directly or indirectly cause him to feel that his identity is questioned, is to tell me something that I do not believe.

I have met physicians, of either of the schools, from almost every State in the Union, and I want to tell you now that I have yet the first evidence to be presented to convince me that our allopathic brethren would not completely annihilate us if it were in their power. I do not make this statement with any ill feeling toward the allopathic brand of the profession, many of whom are my personal friends, but in defense of the principles that are near and dear to me. Again I make this statement with the feeling that no one can prove to the contrary.

The dominant school *may* recognize us, but it will be in subordination to itself. This is true in Ohio as it is in Texas. I don't want white-washed eclecticism. I want the pure and unadulterated material. If a man deserves an existence, he certainly should be permitted to maintain his principles without their being so changed that he himself would not recognize them on second thought.

The Doctor says that in Ohio they have a nonpartisan board—three allopaths, two homeopaths, one physiomedical and one eclectic—no school having a majority. I presume this board is appointed according to numerical strength of the different schools. This *numerical* business has a good, clear ring to it in the legislative halls, but it doesn't look after our end of the profession. To my mind this is another of the many evidences that the allopaths demand and hold the controlling power. The eclectic has been nibbling at the end of an antiquated loaf ever since he came into existence. I propose that our men be given a chance at the whole loaf, and not be compelled to deal with scorched ends of the proposition.

Ever since I graduated at the E. M. I. in 1883 I have been too willing to concede to our allopathic friends that they have the strength and influence; but after long years of suffering and patiently waiting for an amicable settlement of the situation, I now say that we should have and are entitled to equal representation in all matters medical. We are tired of holding the blue ribbon to the pacifier.

In conclusion, I desire to say that it has been a question in my mind for some time whether State boards accomplish what they were intended to accomplish. As long as we have State boards I favor separate boards. I believe that it would be best to have a National board, composed of equal numbers from the different schools, and let this board pass upon the qualifications of physicians. This board should be composed of physicians recommended by their respective national medical associations.

MEDICAL TID-BITS.

By E. R. WATERHOUSE, M. D., St. Louis, Mo.

Believing that a few hints to the point is something of interest to the physician, I give a few of the results of experience, trusting that it will be of importance to the readers of the GLEANER.

Mullein.—The blossoms of the mullein are possessed of an action not unlike thuja in limiting the proliferation of cells. The rubbing of a wart with the fresh blossoms will cause a wart to dry up and disappear. Often a single application will do the work, but never requires more than half a dozen applications. Any other preparation of the mullein will do no good.

Hives.—Hives can be cured with belladonna quicker than by any other known remedy. Give in doses just short of drying the mouth.

Post-Partum Hemorrhage.—Post-partum hemorrhages are easily controlled by introducing a pledget of cotton wet with turpentine within the uterus, and giving a hypodermic injection of 1-100 grain of nitro-glycerine or atropine. If the turpentine is not at hand, irrigate the uterus with hot water, hot enough to coagulate the albumin of the blood. Understand this means hot water, not merely warm.

Rheumatic Arthritis.—The acute pains of rheumatic arthritis may be relieved by applying ice cloths to the painful joints.

Heart Disease.—Apocynum has a special action upon the heart, especially in alcoholic patients.

Colics.—Strychnia is better than nux vomica in colic when we wish to promote action, provided we have the light tongue, denoting atony.

Cocaine Poison.—Try gelsemium in cases of poisoning with cocaine, as in cases of dental work; when we notice the bad effects of cocaine. (Eucain should always be used).

Sore Throats of Consumption.—Dr. Adams tells us that 20 - minim doses of the fluid extract of ergot is a great remedy in the sore throats attending the cases of advanced tuberculosis.

Violent Mania.—In cases of violent mania, even attending typhoid fevers, give hyoscyamine in doses of 1-250 of a grain, frequently repeat-

ing it until the desired effect is brought about. There are many tablets and granules marked hyoscyamine that are absolutely worthless, being made of atropin. I have often given a single dose of 1-250 of a grain (made in Chicago) that would dry the mouth and flush the face, while I have administered five tablets of 1-100 of a grain each (that were made in Baltimore), with no therapeutic effect whatever, and while I do not intend to advertise or degrade any one's business, facts are facts nevertheless. Good hyoscyamine is one of our best remedies, and we might say a remedy in emergency cases. It is entirely useless if it is wanting in quality. Remember it is a remedy for nerve excitement and to allay pain.

Laryngitis.—Dr. Bartholow tells us that the loss of the voice from fatigue, or simple laryngitis is relieved at once by small doses of nitric acid, well diluted, given every two hours.

Labor Pains.—When labor pains are inadequate to do the work, give two or three grains of quinine, which will often act like magic. So will, many times, doses of a hundredth of a grain of strychnia. Don't fall into the ergot rut, as it is a bad rut to get out of.

Diabetes.—Try phosphoric acid to relieve the distressing dryness of the throat in cases of diabetes. This remedy will often prove of great benefit in such cases in other directions.

Chronic Ulcers of the Legs.—German physicians tell us that an ointment made from powdered camphor, ounce, ss; zinc oxide, drachms iij; petroleum, ounce iij, is by far the best application known in treating those disagreeable ulcers upon the legs of old people.

Nose-Bleed.—Try hydrogen peroxide in nose-bleed; throw it well back into the nostrils with a small syringe. It generally relieves at once.

Chloroform.—In giving chloroform watch the respiration; let the pulse take care of itself. Chloroform kills by first paralyzing the nerves of respiration. Keep the head low to insure good circulation in the brain.

Earache.—In earaches of children, as well as adults, drop in the ear a few drops of a solution of atropin (three or four grains to the ounce).

Chilblains.—For chilblains paint the parts with balsam-copabia. This checks the itching and pain, and relieves the soreness.

Tooth Preservative.—Hydrogen peroxide is a fine application to keep the teeth in condition. Use with an ordinary tooth brush, with or without prepared chalk.

Goiter.—Strophanthus has been lauded as a remedy for the cure of goiter. I have tested it in numerous cases in the last ten years, and always with negative results. I despise the drug. I believe that in diseases of the heart its action is more of a heart poison than heart tonic. In treating cases of goiter try our old friend phytolacca. Make the tincture yourself, using the recently dried root and strong alcohol. Get the

ripe root and clean it; then shave it up with a jack-plane, and dry it in the shade until it is about like scraps of leather (not dry enough to break brittle); then tincture it with strong alcohol, using eight ounces of this root to the pint of alcohol. Let it macerate for two weeks. This is better than anybody's tincture. Apply to the enlarged gland, and give whatever can be taken without provoking nausea.

Nausea.—An infusion of the leaves of the peach tree (twigs or bark will do) will relieve nausea when we have the tongue with red tip and edges. Nausea, with a coated tongue, demands a cathartic, and possibly calomel. With a light tongue, without much coating, *nux* or *strychnia*. We will overlook the old-time rule, that to scrape the peach bark upward will vomit the patient, and to scrape it downward will make a shotgun of the fellow, but we will scrape it either way.

Uterine and Ovarian Diseases.—Nearly all diseases of the uterus and ovaries are dependent upon congestion, and the sooner physicians find this out and get it firmly into their "knots," the better it will be for both patient and physician. Enlargement, ulceration, leucorrhea, and the dozens of pathological conditions, demand local depletives. Don't tie to glycerine tampons, because there is something better, either alone or in combination with other drugs. A half drachm of boric acid, dry, introduced against the cervix, will run the water into a woman's shoe if such congestion is present. To combine this with astringents is good medication.

Will give another dose when this is digested.

PURPURA HEMORRHAGICA.*

By C. W. SEELEY, M. D., Wyleyville, W. Va.

Eclectic physicians, the same as those of other schools of medicine, are often called to treat a disease known and distinguished as *purpura hemorrhagica*. But one of the pleasing features is the remarkable success the eclectic physicians have in treating these cases by the well-known specific medication. I presume one of the best definitions we could give this disease would be: a real condition of the body, in which there is an effusion of blood from the capillary system, which appears as the primary lesion, resulting from an increased blood pressure, or what is more often the cause, an impaired vitality of the capillaries.

Symptoms—The earliest symptoms are often a change in the color of the skin of the face or eyelids, although the disease may come on very suddenly, and, the first the patient knows, there appears under the skin a bright red color, which at first is generally in numerous small spots,

* Read at North-Eastern Eclectic Medical Society in December.

which gradually colors, forming a round or irregular spot, with serrated edges, that varies in size from that of the smallest point to several inches in diameter. The effusion generally takes place in the lower extremities, but may extend over the entire body. This bright red color of the spots gradually changes through numerous shades to a dull red, greenish and yellowish hues; in fact the same changes take place as in a case of "black-eye," which so often results from merely a difference of opinion. There is also likely to be hemorrhage of a passive nature from the nose, mouth, intestines, and many times bloody urine. The patient generally complains of a severe pain and soreness over the entire body, but more especially in the calf of the legs.

Diagnosis—The diagnosis, as a rule, is not difficult. The primary cutaneous lesion is characteristic, for the reason that, on pressure, the red color remains on removal of the finger, which is not the case in the eruptive diseases in which the skin is of a reddish color. This characteristic condition, with the probable passive hemorrhagic condition of the nose or bowels, make the diagnosis comparatively easy.

Treatment—Never become excited because you have a case of purpura which is a little outside of your common run of cases, and prescribe indiscriminately without indication or reason, that old, time honored, routine treatment of calomel, quinine, iron and strychnine. But just pause and remember that specific medication will help you out in this case just the same as in the case of simple fever. The patient should be kept quiet, especially if there be hemorrhage from the alimentary tract. It is well to elevate the lower extremities that they may be on a level with or a little higher than the body. Now as to the internal treatment. Let the pulse and tongue be the main guide in selecting your remedy. Where the disease is the result of high arterial pressure, the heart action is often accelerated, although you may have a subnormal temperature. Here you will be likely to get an indication for veratrum or aconite, according to the well-known character of the pulse. If there be a tendency to hemorrhage from the bowels and the tongue is of a dark red color and the patient is irritable, dilute nitric acid should be thought of. If, on the other hand, the patient is drowsy, inclined to sleep, and there is marked capillary congestion, belladonna would be the remedy. When the patient is restless, tongue of a bright red color, and there is a general loss of vitality of the capillary walls, dilute hydrochloric acid renders the best service. Again when the patient is dull and inclined to sleep, with rather an oppressed pulse, with passive hemorrhage from the alimentary tract, ergot is the indicated remedy. In every case keep the stomach so that the food will be well digested and assimilated, and you will have little use for the numerous salts of iron beyond what nature is ready to furnish in any normal diet.

AN IDEAL ANTISEPTIC.—I wish to offer to the consideration of **GLEANER** readers a method of dealing with sepsis, which is, so far as I know, my own. I have used it in the past year in every case with local septic conditions which came under my care. The unvarying, unqualified satisfaction which it has given me, induces me to offer it to others. There is nothing original in the treatment, excepting the selection and persistent arrangement of drugs used. The cases instanced, include furuncles, carbuncles, abscesses (one being a palmar abscess) and lacerated wounds, with severe contusion. To illustrate: One case was that of a cowboy who, in "roping," had the flesh torn off the palmar side of three fingers, and neglected the wound. Another case was that of a section boss with a split finger. All such cases are just the kind for the following treatment. I wish to say first that my dislike of the generally used corrosive antiseptics impelled a study of specifics in the matter. In *all* these cases, after exploring the wound or lancing the pus-pocket, I irrigate with the following: Specific veratrum, 3ss; specific baptisia, 3ss; specific echinacea, 3j; aqua, qs. ad. 3iv. I vary the amount of baptisia one to two drachms, with the prominence of its indications. I use this wash for all cleansing purposes, and whether I use iodoform gauze or not, I have the proximate dressings saturated with the solution, and have it reapplied sufficiently often to maintain a moist dressing. In all redressings I use it as before for cleansing. I never have let any other liquid touch the wound. Of course I lance all pus-sacs in the forming stage if possible. In connection with this local treatment, I give internally the following: R. Specific veratrum, gtt x; specific baptisia, gtt x; specific echinacea, 3ij iv; aqua, 3 iv. Sig. 3 every hour until better, then gradually decrease.

In cases of glandular enlargement I substitute specific phytolacca, gtt vj, for the baptisia in internal medication. While this seems routine, a mental survey of the usual indications in sepsis, will warrant the foregoing treatment, but if it didn't, I should still be willing to let the method stand on its merits. So far, *all* cases so treated (nearly a score) have recovered so rapidly and uneventfully that I have sometimes marveled thereat. One particularly noticeable feature is the speediness with which pus-formation ceases. To illustrate: When I was called to treat the palmar abscess previously referred to, the lymphatics were plainly marked to the shoulder, the axillary glands tensively engorged and every indication of impending constitutional septicæmia was present. I lanced the hand in only *one* place, and discharged the patient in five days, with a wound from which all discharge had ceased, and which was healthily granulnting from the bottom. All other cases recovered in a correspondingly short time.—*Walter S. Bogart, M. D., Cleves, Ohio.*

[Before the Doctor practices many years he will conclude with others that there are *no specifics* for diseases (or for sepsis).—B.]

MENISPERMUM AND JUGLANDIN.—I wish to say as a daughter of a loyal eclectic (who is deceased) that I thoroughly enjoy reading your journal, and feel that by so doing I know a little of what the eclectics are doing. I wish to tell you of a prescription father used for eczema. It was from a drachm to an ounce of fluid extract of menispermum and from ten to twenty grains of triturated juglandin, and plain syrup to make four ounces. Only a short time ago a veteran told me that father had the best prescription for eczema that he ever had, as he had been treated for six years by different physicians, and father was the first to cure him, and he had not any return of the trouble. Father sometimes used the fluid extract of juglans instead of the powder, but I do not know in what proportion. I know that he used it in some kind of erysipelas, as I had a form of erysipelas, which was caused by a liniment I had used, and as it was during his last sickness I had to mix my own medicine under his directions, and I know that is what I took, and it worked beautifully.

I hope you will pardon me for writing the above, as it may contain no new thought, but if it does any one good, I shall feel glad. Yours truly—*Miss Jennie C. Calver, Boothwyn, Delaware Co., Pa.*

THE PREVENTION OF SICKNESS AFTER ANESTHETICS.—Blumfeld, in the London *Lancet* of September 23, 1899, says that some of the chief points to be attended to in the avoidance of after-sickness are: (1) Use as little of the anesthetic as possible consistent with perfect anesthesia; (2) wash out the stomach at the close of the operation when much mucus has been swallowed; (3) in long operations substitute chloroform for ether after three-quarters of an hour; (4) move the patient about as little as possible during and after operation; (5) place him on his right side in bed with the head only slightly raised; (6) give nothing but hot, thin liquids in small quantity for at least eight hours after; and (7) do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all administrations up to twenty minutes, or not much longer, sickness will be found to be the exception.—*Therapeutic Gazette.*

No century has ever begun on a Wednesday, a Friday, or a Sunday, and the same order of days is repeated each twenty years. January and October of each year always begin with the same day; so with April and July; so with September and December; so with February, March and November.

THE *Cincinnati Lancet-Clinic*, one of the oldest medical publications of the West, and a journal whose reputation is the equal of any, East or West, and over whose destinies Dr. J. C. Culbertson has held control for thirty years, with the issue of January 2 takes upon itself a new phase. While Dr. Culbertson continues to finance the concern, and occupies a position of honor—chief consultant, as it were—the real work passes into other hands. Dr. Mark A. Brown, with a corps of collaborators and assistants, among whom are some (not all) of the brightest younger medical men of the city, will have editorial direction. Dr. Frank B. Cross will have the business management.

From our point of view, and it is based upon fifteen years' experience in medical journalism, the success of the *Lancet-Clinic* has been largely due to the *practical* good found in its pages every issue. While no little bombast was frequently displayed in reports and in the canned goods exhibitions (for advertising purposes largely) of a certain Cincinnati medical society, both Dr. Culbertson and Dr. T. C. M. were "men of the common herd." They decried rather than favored ultra-scientific bug-rot, and we are sorry, indeed, to see these two Trojans quit the field of battle. They are not vanquished, to be sure, but retire full of honor. While some old men are upon the new corps of the *Lancet-Clinic* for ballast, we presume we cannot help saying to the "boys" that we believe success will come to the *new Lancet-Clinic* proportionately to the degree in which it helps the physician in his everyday work. Sentiment and the "rally" may help to make a good start; but to keep her going as did the "vets," she must be of working worth every week. Long papers, full of theory and impractical *science* will not help the ordinary doctor cure his patients, make a living or prove entertaining to him, and he will not pay good money for them. We congratulate both the old and the new *Lancet-Clinic*.

NOTES AND SOCIETIES.

THE California State Eclectic Medical Society has decided to hold its next annual session in Los Angeles May 25, 26 and 27. More than 100 members will be in attendance. Dr. O. C. Welbourn, of this city, is the President of the association, which meets for the first time south of San Francisco.

THE Mississippi Valley Medical Association, which has become one of the strongest regular organizations in the country, holds its next meeting in Cincinnati, October 11, 12 and 13. Dr. B. Merrill Rickets is Chairman of the Committee of Arrangements.

THE new Northeastern Ohio Eclectic Medical Society met at the Forest City House, Cleveland, December 10, with a good attendance. Several new members were taken in. The papers read were very interesting and instructive, and the discussion brought out many points of interest. Several clinics were presented. There was, indeed, a feast of good things, medical and otherwise, which is a characteristic of all eclectic gatherings. All the eclectic doctors of Northeastern Ohio should be up and doing, making ready for the next meeting in March, at Cleveland. If you don't attend you will miss many good things.—*Ralph R. Barrett, M. D., New London, Ohio, Secretary.*

WE see in the *Los Angeles Times* that one of the most modernly equipped homes for the sick, the new German Deaconess Hospital, at 447 South Olive street, Los Angeles, will be opened January 1. It will have the latest and most modern up to-date ideas in every department. The staff is eclectic, with Dr. O. C. Welburn as medical director. It includes the following well-known California eclectics: Drs. J. A. Monk, M. Blanch Bolton, H. C. Dorman, Hanna Scott Turner, R. Roswell Hubbard, Edwin Freeman, D. W. Rees, J. C. Solomon, J. C. Bainbridge, H. Ford Scudder, A. O. Conad, J. B. Sands, W. L. Bown, L. A. Pierce, C. P. V. Watson, W. P. Ferguson, A. J. Cranse, O. S. Laws, O. C. Darling, Q. A. R. Holton, E. E. Harvey, J. H. Crawford and W. Byrd Scudder.

THE following letter from Lawrence, Mich., is self-explanatory: "Dear Gleaner: In the November issue you gave Dr. E. B. Crowell of Minneapolis credit for having a baby girl, when the praise belonged to Dr. and Mrs. F. B. Crowell, of Lawrence, Mich. (E. M. I., '97). Trusting Dr. E. B. will be as successful in the future, I remain respectfully—*F. B. Crowell.*" The whole truth is that both the Crowells are crowing, and both the Crowell babies are girls. So that if both the happy crowing papas do not do better in the future the name Crowell may die out. However, the GLEANER hopes that both are equal to the emergency.

DR. J. MERRILL HAMBLIN, of Westboro, Mo., Amer. Med., '75, was recently injured in a railroad wreck that will prohibit his riding for a year or more. As a consequence he will dispose of a half interest in his \$6,000 business. To a man who is not afraid of hard work, this is a rare opportunity. Write Dr. H.

MARRIED, at Orlando, Okla., December 22, Dr. Thomas F. Sharp and Miss Anna Dorr. The boys of E. M. I., 1902, will join us in wishing the Doctor and his new wife the best of everything. He has fully recovered from the serious trouble in his wrist.

PROF. J. U. LLOYD just returned from a visit to the East. At Philadelphia he delivered a lecture before the Philadelphia College of Pharmacy, Tuesday afternoon, December 15, upon the History of the Eclectic Resinoids and their Terminology. In New York he visited and addressed the students and friends of the Eclectic Medical College of New York at the meeting of the Beachonion Medical Society.

Now THE GLEANER congratulates Dr. John S. Rankin, E. M. I., '92 and wife, of 889 South street, Toledo, Ohio, because it is a nine-pound boy—Larome Stewart Rankin. He opened his eyes and stared at the moon and the Maumee November 8, since when he has led papa a merry dance to that old tune, fennel tea and paregoric. Doctor, never mind. Its a boy and we will vouch for him.

DR. PHINEAS CLEVERDON, E. M. I., '99 formerly of Ohio, a student of Dr. Kirkland, of Berea, Ohio, died early in December at Albuquerque, New Mexico, where he had been for three or four years in quest of health and life. For a while everything was promising and he followed his profession. But once in the clutches of the white plague there is no escape. Poor Cleverdon! He was a good fellow, a good student, and we stop in the hurly burly of the day to drop a tear and to write these lines to his memory.

WE see in the public press that Dr. I. B. Washburn, Rush, 1861, of Reunsalaer, Ind., an excellent friend of the GLEANER, died recently, after an abdominal operation, and during the operation there was found in the abdominal cavity a pair of forceps, presumably (hemostasia) that had been left there at a previous operation some two years before. The friends of Dr. Washburn have our sympathy.

DR. ROY C. HUNTER, E. M. I., 1901, of Wapakoneta, Ohio, has not only a good practice, but perhaps the finest drug store in Central Ohio. It is a beauty.

AN excellent location awaits an eclectic who can speak German and English, in a railroad town of Western South Dakota. The sum of \$220 in cash will pay for the whole outfit, including two fine young horses and buggy. The place is worth from \$2,500 to \$3,000 a year. No other physician within 15 miles. Address Dr. F., care MEDICAL GLEANER, 22 West Seventh street, Cincinnati, Ohio.

THE good people of Adams, Ind., want an eclectic. It is a splendid location and easy competition. Address Dr. S. D. Pagel, St. Paul, Ind.

DR. C. L. FREIDLINE, E. M. I., '02, was married November 24, 1903, to miss Nan Pritts, of Somerset, Pa. The Doctor is located at Summer hill, Pa., a good town, with every prospect of success before him. The GLEANER wishes him and his new wife all the pleasures possible and success unexpected.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

Modern Spiritualism Exposed, or The Bible vs. Modern Spiritualism, By J. N. Howard. Price 25 cents. 1903: Gospel Trumpet Publishing Company, Moundsville, W. Va., U. S. A.

For the few who can reason from the author's viewpoint, this work will appear to be all right. Not many moderns, however, are orthodox in the Jonathan Edwards sense. If there is a personal devil; if there is a local, blazing hell; if man did actually fall, and, if not, more than one in a million can possibly escape damnation, then the author's position is correct, and he has written a book that is an actual reflex of it. These remarks must not be construed as defensively related to spiritualism. But the pity of it all! C.

The Physician's Visiting List for 1904; fifty-third year of its publication; Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. Twenty-five patients per day or week, \$1.00; fifty patients, \$1.25; fifty, seventy-five edition, two volumes, \$2.00; one hundred edition, two volumes, \$2.25. Perpetual edition, 1,300 names, \$1.25; with 2,600 names, \$1.50. Fifty-three years tells the story of its worth for completeness, compactness and simplicity of arrangement it is excelled by none in the market.

A Non-Surgical Treatise on Disease of the Prostate and Adnexa, by George Whitfield Overall, A. B., M. D. Chicago, Ill.: Published by the Rowe Publishing Co, 1312 and 1314 Washington street, Chicago. Physically the book is well printed, thoroughly indexed, well bound and up to date. The subject matter is the most interesting bit of work that we have seen for some time. While it is wide awake, progressive and instructive, what we most admire is its considerateness and treatment of the patient. The author seems to have kept before him this motto: "Do no harm." We find this in italics. Modern asepsis and antisepsis have developed an undue tendency and rashness in handling the knife. The hands take too frequently the place of the brain. Who does not know that the alleged safety in operating tempts some of our skilled operators and the credulous public into useless and into contra-indicated procedure.

"The immunity with which the most formidable operations are now performed has given confidence— might I not say a recklessness, possible—which renders the staying hand of the physician of priceless value. Especially is this true, when as it sometimes happens, the inexperienced surgeon hurriedly resorts to a tentative operation to establish a diagnosis,

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where one more experienced would see no reason for the procedure. I have more than once observed the meddlesomeness of a surgeon to be in direct ratio to the measure of his inexperience."

"Damage once done to the prostate by the knife is irreparable." "Better bear the ills we have than fly to those we know not of." These words should influence the thousand and one big-headed, embryo surgeons that infest every city and village. They apply as well to general surgery and gynecology as to prostatic surgery. Therefore, all that hungry horde of cutters, and belly-rippers, and spayers, and sputterers—farmer surgeons—should take due heed.

There is no better book on this subject, and we commend it to every practitioner.

B.

Compend of Diseases of the Ear, Nose and Throat, by John Johnson Kyle, B. S., M. D., the well-known oculist and aurist of Indianapolis, Ind.; 85 illustrations, 280 pages. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa. Price 80 cents.

This is one of the famous Blakiston series of manuals, so economical, so excellent, so satisfactory in reviewing a medical subject. While they are not offered upon a text-book basis, they take the place of the best of them when one simply wants to review a subject up to the times. These books *are up to the times*. They are constantly revised by the best men of the day, are thorough, concise and commendable.

B.

The Delineator for January contains many topics of interest to the housewife, particularly if she presides in the kitchen. "A Russian Dinner" illustrates some attractive novelties in table service which will appeal especially at this season of elaborate dinner entertainment. New and unique dinner dishes are described by Isabel R. Wallach, and Jane E. Clemens has a number of enticing recipes utilizing nuts of various kinds. "From an Experience Note-Book" includes useful suggestions for many departments of the household. There is also an instructive article on the carving of meats, and other matters of importance in the household. There is no better family periodical than the *Delineator*. It contains fashion, building, furnishing—everything that interests the doctor's family. Send 25 cents to the Butterick Publishing Co., 7 to 17 Thirteenth street, New York City, for sample copy.

PAMPHLETS RECEIVED:—

Constipation, by Frank L. Ratterman, B. A., M. D., Cincinnati, Ohio. An interesting reprint from the *Lancet-Clinic* of November 14, 1903.

A Clinical Study of Organic Iron, by John V. Shoemaker, M. D., LL. D., our old classmate at Chambersburg Academy, now Professor of Therapeutics and Clinical Medicine in Medico-Chirurgical College, Philadelphia, Pa. A reprint from the *Medical Bulletin* of November, 1903. The paper is most interesting, yet we cannot fully agree with the Doctor in all he writes of organic iron.

THE ECLECTIC MEDICAL GLEANER.

Good Things—Old and New

BECAUSE of an injury in a railroad wreck, a physician is obliged to dispose of a half interest (riding part) in a \$6,000 business. Terms easy. Write H., with stamps, care of the GLEANER, 22 West Seventh street, Cincinnati, Ohio.

A BUSINESS, that would satisfy any one who wants a good one, must be abandoned on account of ill health of the wife. Business property and good will all go. We have known of nothing better for years. Write Dr. J. W. C., care of the GLEANER, 22 W. Seventh street, Cincinnati, O.

LOCATION.—Stable, outfit, drugs and excellent practice, in a thriving village of Southwestern Ohio; no other physician in town; nearest in surrounding country four miles. Good roads, fine farming community; two near-by towns without physicians; 34 miles from Cincinnati; best of reasons for selling; purchaser will make money from the start; want to vacate in Spring. Address W. E. Bloyer, M. D., 22 West Seventh street, Cincinnati, Ohio.

I HAVE used "Aletris Cordial Rio" for menorrhagia and dysmenorrhea, and find it an invaluable remedy as a uterine tonic. The "Aletris Cordial Rio" has for a number of years been a great favorite with me in derangement of the female reproductive organs, therefore I recommend it as a tonic in uterine troubles, as it will give satisfaction to those afflicted with such diseases.—C. A. Goshen, M. D. Pataluma, Cal.

WANTED, by physician of sixteen years' experience, a good location in Ohio, Oklahoma Ter., or California. A small city of from two to five thousand preferred. Am able to buy if satisfactory. Address Dr. D., care MEDICAL GLEANER, 22 W. Seventh Street, Cincinnati, O. tf

FOR SALE.—Eclectic practice; \$4,000; to one who will buy horse and buggy and part of office furniture; competition, easy; house rent (7 rooms) \$6 per month; in natural gas belt; good roads; collections 95 per cent.; a snap to one that means business; price, \$250; reasons for selling—I wish to attend medical college; size of town, 1,000. C. Lewis Pagel, B. S., M. D., St. Paul, Ind.

H. S. Kennedy's Extract of Pinus Canadensis.



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THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

FEBRUARY, 1904.

No. 2.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER regularly who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. No pay will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of *any* school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER, Cleves, Ohio.

EDITORIAL NOTES.

THE year 1904 starts nicely with the GLEANER. Its old friends love and cherish and foster it. New ones are coming in daily. Truly, the many letters, filled with encouragement and good cheer and kind words that come to us with the many renewals, and from old friends, make us feel sure that life is worth living. Were life to end here and now this glorious GLEANER geniality would be to us an aura that would fade with consciousness. We would be pleased to reply to every letter—yes, to every one personally, but time forbids. We thank every old subscriber; we welcome every new one.

RHEUMATISM.

I have received a number of letters lately from GLEANER readers asking me to write an editorial on rheumatism. I have had a lot of experience with this pesky distemper, and I believe I have learned a few things. For instance, I have had one patient on hand for thirty-nine years, namely, my mother-in-law. In her case every possible phase of the disease has been manifested. All the vaunted remedies—including the patents—have been tested by her during this long period. Of course I have treated thousands of other cases during this time.

Well, the results of this extended experience have settled me in the conclusion that the best drug remedies for rheumatism are macrotys, bryonia and phytolacca. The objection to the salicylates, or any other salts or minerals, is that they cannot be taken long without seriously injuring the stomach and bowels, and, ultimately, the nervous system. This objection does not apply to the vegetable remedies. If given in rational doses, they can be taken for years without damaging the patient.

For ordinary muscular rheumatism, I give specific macrotys and specific bryonia. Thus, to a glass two-thirds full of water, I add specific

macrots one or two drachms; specific bryonia five to eight drops. The dose is a teaspoonful every one to three hours, according to the severity of the case. If there is inflammation, I replace the bryonia with specific aconite, drops three to seven or eight, according to the needs of the case.

In cases where the patient is suffering from both muscular and articular rheumatism, I add specific phytolacca, drops eight to sixteen. The quantities named apply to adults. Diminish quantity with diminishing age.

Perhaps the best single remedy for all forms of rheumatism is warm water. Let the patient drink great quantities of warm or hot water. He can soon establish the water-drinking habit. The water dissolves uric acid products and promotes their elimination from the body.

The patient should wear flannel underclothing, and should eat but very little meat, especially beef. He should avoid damp places, and straining work. His digestion should be good, and he should be sure to eat little enough.

Like the poor, we shall always have rheumatism with us, but you will mitigate it to the utmost by following the foregoing outlined course.

C.

DOCTOR, have you noticed a prevalence of grip this winter? In this section we have had almost none of it. Why is this thus? I give it up. In past winters I would have seen scores of cases by now, and would have known of other scores. So far this winter I have seen but three or four cases of possible grip. How shall we account for this? Again I give it up. Perhaps out of a fortuitous concourse of cosmic incidences, a new twist has come into our climate. Anyhow, thanks to whomsoever, or whatsoever, they are due.

I still stick to my old "G.-B." treatment. "G.-B., in this instance, mean gelsemium and bryonia. "Routine?" Yes; but I can't help it. Remember, gelsemium gtt. x.-xx.; bryonia, gtt. ij.-iiij. aqua, 3iv. A teaspoonful every fifteen minutes for three doses; same amount every half hour for 3 doses; after that a teaspoonful every hour. Patient should sip warm water freely during the early hours of the attack. Eat but little, etc.

C.

THE editor of *Unity* has this to say about consumption:

"While trains are crowded with the wan victims of the great 'white plague,' hastening to the balmy regions of California, or of the Sunny South, hoping thereby to stay the ravages of the grim disease, it is startling to learn of others who are fighting consumption with the cold. Delicate women already 'doomed' are sleeping in their back porches in northern climates, regardless of snow or descending thermometer, and restoration and health are the promised reward. Is the tide of con-

sumptives to change from Southern California to Alaska? Anything for health and life. The inventiveness of science and the courage of the physician may well be studied by the moral physician, the healer of spiritual diseases. One lesson at least is obvious—do something, and keep doing."

A close friend of mine, who has lived and practiced in the cold regions of the Northwest, states that the natives of Wyoming are almost entirely exempt from the dread malady, and that those who come there thus afflicted soon show rapid improvement and very seldom die from the disease. The western part of Montana is said to be even more nearly free from it. Considering the dryness of the atmosphere there, and its richness in ozone, these statements seem to have strong logical support. In view of the need of such conditions in lung involvement, especially when we remember how difficult it is to attain at once a dry and a warm climate, it is most reasonable that the Northwest should be preferable to the warmer latitudes.

In this connection I will mention a combination I employ in throat coughs and in incipient phthisis. Here is the usual formula: Specific bryonia, gtt. ij. to iij.; specific veratrum, gtt. v. to viij.; specific sanguinaria, 3ss. more or less; glycerine, 3ij. or 3iiij.; aqua, qs. ad., 3iv. Sig. A teaspoonful every three hours.

When there is marked hoarseness, add specific phosphorus gtt. xv. or xx.

If there is a tendency to chronic bronchitis, replace the phosphorus with specific eucalyptus, 3ss. more or less.

In the phthisical conditions I vary the formula thus: R. Specific bryonia, gtt. iij. to iv.; specific veratrum, gtt. vj. to viij.; specific sanguinaria, 3ss.; specific eucalyptus, 3ss.; glycerine; common whisky ("rot gut") aa. 3ij. M. Sig. A teaspoonful every 3 hours.

I was led to the use of the "rot-gut" whisky from having seen a number of old toper consumptives keep themselves alive for years by drinking it faithfully and freely. Come to think of, haven't you noticed the same thing? Good whisky will not do it half so well. There is something in the viler whisky (fusel oil?) that is enormously helpful in phthisical lung conditions. I know I have choked off incipient phthisis with this preparation many, many times. Try it and be convinced.

C.

THE January issue and this issue of the GLEANER have been somewhat delayed by the contraction by the writer of a severe cold about December first that would not yield to treatment, while the usual hard work and such severe winter weather continued. It finally led to our banishment from home and friends, and we became a tourist—a traveler in search of health and sunshine in vaunted Florida—the land of the

Spaniard and of sand, of palmetto, turpentine and of citrus fruits, the orange especially. Here, though the weather was not warm for Florida, though much better than that which prevailed in the North at the same time, our severe cold developed into a localized pneumonia, with rust-colored sputum, and all of the etceteras.

After spending some days upon the East Coast at "The Palmetto" at Daytona, 118 miles south of Jacksonville, one of the most pleasant, best kept and most homelike hotels on the East Coast of Florida, and in the acknowledged to be most beautiful towns of the East Coast, we wended our weary way to Orlando, in the center of the orange-growing region, and in the middle of the orange-gathering season. Here we were most graciously received and tenderly cared for by Dr. J. F. Maddox, E. M. I., '77, formerly of Shelbyville, Ind., but a resident of Florida some ten or twelve years. He has some beautiful groves, filled with luscious fruit, and no power known could drive him from Florida. He has an excellent practice, and one regret while there was that we could not remain longer with him and accompany him upon a call to see a patient, thirty miles south, near Fort Christmas. We will remember the kindness of Dr. Maddox and his family always. From Orlando we went to Sanford, the center of the lettuce and celery fields of Florida, that, were it not for the necessity of expensive irrigation and fertilization, might soon outdo the Kalamazoo country. Best of it is, the Florida products reach the North when home-grown crops are exhausted. There is room for money-making in this line in Florida.

Then we paid a visit — it was a most pleasant one — to Dr. G. W. Holmes, E. M. I., '68, of Sharpes, who has been there for twenty-eight years. He went pale, puny, threatened with early dissolution, from Central Ohio. To day he is hale, hearty, sixty; with muscles of iron, but little gray, enjoying life, a beautiful home, a lovely family, and the usufruct of 1,500 orange trees, on the high hammock of the Indian River country, 150 miles south of Jacksonville. What Dr. Holmes does not know about orange growing, and what he can not do with orange and other citrus trees is not known, and cannot be done. His groves are laden with fruit, many trees bearing from ten to fifteen or more boxes of the choicest varieties. He has besides guavas, bananas, pecans, lemons, citron — everything to make a man happy, contented, satisfied; and besides, it is all the product of his patience and toil. He planted, and pruned, and watched; now he reaps his reward, and to us it seems a glorious one. Besides, Dr. Holmes does quite an extensive practice up and down Indian River, and the Florida East Coast Railroad, of which he is surgeon. Should a reader of the GLEANER have a patient who needs a midwinter rest or thawing out, send him to Florida, in care of either Dr. Maddox or Dr. Holmes, and the patient will be ever grateful

to you. We thank both of these kind gentlemen for some good suggestions and good medicine and good care.

B.

EVERY week's experience leads us to the conclusion that we cannot do the general practitioner a greater favor than to warn him of the danger that lurks in and about miscarriages or abortions, and especially if they be not properly cared for at the proper time. We are sorry to confess—sorry for womanhood, manhood, the mothers of America, that, in our opinion, abortions are being induced more and more frequently every year. It is with disgust that we say that, in our opinion, there are licensed medical men in this city who would starve to death in the practice of medicine were it not for their abortion business. They compete with the lowest and vilest of midwives and other women in charging anywhere from three to five dollars. Think of it!

When called, stop it if you can by viburnum, absolute rest in bed, restoration of nervous equilibrium, etc. If disturbance has gone too far, place the patient across the bed; thoroughly cleanse her genitalia and the vaginal outlet, and carefully and completely empty the womb *at once*. This cannot be done better than by using the curette as advertised in this issue by Messrs. Max Wocher & Son, of this city. It is not sharp, and is comparatively harmless, and if properly used the endometrium will not be broken to allow the invasion of infection, usually the "killer" in these cases. After the disturbing contents are thoroughly removed, the womb should be packed carefully with sterile gauze or cordine. This prevents hemorrhage, causes contractions and relieves the doctor of fear and concern. Remove it in from twenty four to forty-eight hours. No water should be injected into the womb after curetting it. Mop it out carefully with a small bunch of cotton on dressing forceps. This removes minute clots and shreds, and carries in no infection. *Use care with every case; many escape, but the fatal one comes.*

B.

NEARLY every eclectic in the country, and certainly every graduate of the old Eclectic Medical Institute, will feel a cringing pain when informed of the death of Prof. Edwin Freeman, M. D., on January 4, 1904. He was for years physically frail, and few there be who ever thought he would outlive all others of that old teaching staff of the Institute. His brother, Z. Freeman, Howe, King, Scudder, Jeanccon, Locke, all stalwarts in body when compared to Dr. Freeman—all preceded him. For some two years or more a complication of troubles seemed almost to crush the little remaining life out of him, but he lived in spite of physical handicaps. Last year he spent with some comfort in Pasadena, Cal. In July last he returned because of threatening illness. Among his many other ailments, a number of which were incident to the hardships and

exposure as surgeon in the War of the Rebellion, were passive capillary hemorrhages, and it was to some of these, within the body, that he finally succumbed.

Dr. Freeman had a most enviable war record. Because of his school connections, he was turned down by local and Ohio examining boards. But bigotry was given a rebuke. He was permitted to take an examination at Washington, which lasted six days. It was followed by an appointment by President Lincoln November 7, 1862, as Assistant Surgeon United States Volunteers. From this time until March 23, 1864, when he resigned from the army, Dr. Freeman received many preferments and promotions, the last of which was an appointment as Surgeon of United States Volunteers, to take effect April 5, 1864.

It is as a teacher so many of us remember Dr. Freeman. He taught anatomy in the Eclectic Medical Institute twenty-one years, and in the Eclectic Medical College of New York four years, and surgery in the E. M. I. seven years. He was as thorough as his strength would permit him to be. He was armed with a thorough knowledge. If any man could repeat Gray's Anatomy *verbatim et literatim* it was "Bony" Freeman, as the students called him. To this nickname must not be implied any disrespect, for there was none. He was invariably kind to his students, and many, many there are who remember with pleasing thankfulness the "tips" given them by that quaint, quizz master, Prof. Freeman. If a student failed in his quizz, it was certain that he was both lazy and obtuse. He lacked preparation and could not take the tip.

Dr. Freeman was a worker when his physical make-up is considered. While not rapid in any line, he was persistent and thorough. This was true of his surgery, his teaching, his writing, his every day life. What he did, he did well. He attended the Institute four sessions, from 1854 to 1855, graduating in 1856, and between him and his classmate, Dr. J. M. Scudder, there were unbreakable bonds of friendship.

Dr. Freeman contributed largely to medical and scientific work along anatomical and surgical lines, a part of which was in lecturing before the Cincinnati Art School on Topographical Anatomy, and his contributions to various medical periodicals, and to Farnum's work on "Deformities."

Dr. Freeman was born in Nova Scotia, of English parents, January 1, 1834, so that he had just passed his seventieth birthday. He had every comfort and attention throughout his long sickness at the hands of his son, Dr. E. R. Freeman, Demonstrator of Anatomy in the E. M. I., who has an excellent practice, and is keeping alive the Freeman name in eclectic medicine, and of his dutiful daughter, Zella.

We stop in the mad rush of business, midst the hustling throng, to spread upon the minutes of our memory a page in commemoration of Dr. Edwin Freeman.

B.

We see in the January issue of the *California Medical Journal* that Prof. J. B. Hamilton, M. D., who has for so many years so satisfactorily filled the chair of Operative Gynecology in the California Eclectic Medical College, died December 14 last, aged 66. The Doctor was a native of Pennsylvania. Some years ago he moved to Wisconsin. For fifteen years he has been a resident of California, during most of which time he was very actively and energetically connected with the California College. Every system has its stars and satellites—its greater men—and Dr. Hamilton was one of the greater men of eclecticism in California. He was staunch and true, a brave defender, and with our brother Californians and eclectics everywhere, we mourn the death of Dr. J. B. Hamilton. While there are many who deserve credit, and honor, and glory for the part they have taken in the upholding of the eclectic school on the Pacific Coast, the names of Hamilton and Maclean must ever shine from an unreflected, inherent brightness, brilliancy and worth. B.

Comparative Importance of Complete Diagnosis.

By GEORGE H. KNAPP, M. D., Cincinnati, in Eclectic Medical Journal.

The somewhat idiomatic phrase, "specific medication," is a term used by members of the eclectic school to designate a system of therapeutics which seeks to apply remedies to specific morbid conditions, as manifested clinically by certain definite symptoms. The variations in the clinical manifestations of a given infection, and the fact that infections of a like nature scarcely ever manifest themselves in exactly the same manner in different individuals, is wholly disregarded by the treatment as suggested by the old system of nosology. It is largely to this indifference to the finer variations in symptoms that specific medication owes its inception as a tenet in therapy. Although no explanation of this remarkable diversity in the effects of an invading infection, can be hoped for until pathologists have solved the abstruse problems involved in the special conditions of individual predisposition, nevertheless from the standpoint of the therapist, the recognition of these variations in symptomatology is of vast practical importance.

The opponents of this system of medication accuse its followers of being superficial—of being wholly unconcerned with a true diagnosis, i. e., the basic pathological condition. The practical specific medicationist knows that a mere cursory examination of his method is likely to lead to this belief, yet he knows also the falsity and injustice of this accusation. The specific medicationist obtains satisfactory results only by carefully guarding against superficial diagnosis and careless, haphazard prescribing.

The founders of the doctrine of specific medication observed that when a certain complexus of symptoms presented during the course of a disease, the administration of a certain remedy was invariably followed by beneficent results; thus the indications for this remedy were established. Nothing could be more reasonable than to presume that if a remedy had repeatedly relieved a train of morbid phenomena it would continue to do so when given under similar conditions.

If this deduction is tenable, it is patent that the failure of a well-established remedy to relieve in a given case must revert to an error in judgment, and cannot justly be attributed to the remedy. A point of vast importance in many instances is this: Are the symptoms dependent upon a similar cause as when the remedy was given upon previous occasions? It sometimes happens that a superficial investigation of a given case leads to the belief that a certain remedy is indicated, yet after a careful review of all the factors in the case, the ultimate analysis may show that the remedy is obviously not indicated, and its use could be productive only of negative results. In other words, while the conditions may apparently conform with the indications for a remedy, they may in reality be widely dissimilar.

Negligence in the search for the basic lesion, the origin of the morbid phenomena, is responsible for many of the disappointments of the specific medicationist, and not infrequently leads to the condemnation of good remedies. A few illustrative cases will perhaps best serve to elucidate this phase of specific medication and show that the accepted indications for remedies have more or less clearly defined limitations of applicability.

An anxious mother notices that her child, who had been apparently well, suddenly becomes irritable, restless, and feverish. We find that the child has some elevation of temperature, the face is flushed, there is sleeplessness and a slight tendency to active delirium. Here then we have the classical indications for gelsemium, a remedy which is given as frequently and with as much assurance of success as any other "specific medicine." But further inquiry reveals the fact that the child has been obstinately constipated; upon examining the abdomen a fecal accumulation is found in the colon. We would not expect gelsemium to more than palliate in this case, while a saline purgative would cure by removing the cause.

Nux, colocynth and dioscorea are remedies for the relief of gastralgia, yet their effects are somewhat fugacious, and they do not always radically cure persistent, recurring attacks of gastrodynia. In these cases treatment directed to an underlying neurasthenic condition, or more rarely an incipient tabes dorsalis, is of more permanent benefit. In a case of disseminated sclerosis under the writer's care, which presented these annoying attacks of gastralgia, full doses of gelsemium seemed to be of some benefit.

We could not reasonably expect to effect a brilliant cure by administering cactus to the chlorotic girl for her irregular, palpitating heart, or apocynum for her edematous ankles. A suitable preparation of iron relieves these unpleasant symptoms, and cures by relieving the hemoglobin poverty and increasing the number of corpuscular elements. How iron acts is still unsettled, but it is not absorbed as was formerly supposed, since an equal amount to that ingested can always be detected in the feces. It is now supposed that it unites with the sulphur compound in the gastro intestinal tract, and thus permits the absorption of the highly complex organic combination of iron which exists in food-stuffs, and which would otherwise be excreted as an insoluble sulphide. The results of its administration can readily be demonstrated by examination with the hemoglobinometer and hemocytometer.

Though eryngium, apis and chimaphilla are excellent remedies for the relief of cystic irritation, not much benefit can be expected to accrue from their use in the presence of a cystocele or an anteverted uterus. In the same manner a subinvolved, retroverted uterus is often responsible for a chronic constipation, and no medicinal or other treatment is of avail until the malposition has been corrected. Abdominal fixation or suspension, together with curettage of the endometrium and the induction of involution by packing the uterus with gauze is the specific treatment for this form of constipation.

In selected cases ergot, cinnamon and capsella are efficient remedies for the relief of hemorrhages from the uterus, but they have little effect upon the metrorrhagia accompanying the noncompensatory stage of valvular disease. Though digitalis is not usually classed as hemostatic, it arrests this form of hemorrhage by its equalizing effect upon the embarrassed circulation.

A case of myxedematous infantilism recently treated by the writer presented indications for a number of specific medicines. But belladonna was not given for the subnormal temperature, cold extremities, hebetude, and tendency to somnolence, and although arsenic was apparently indicated by the dermal condition, it was not given; neither was caulophilum or cenecio administered for the attendant amenorrhea. In this case thyroid extract, pushed to the limit of tolerance, gradually produced an amelioration of the unpleasant symptoms, and a very gratifying improvement in the general condition.

The treatment of various functional disturbances and innumerable aches and pains is often most unsatisfactory until it is discovered that they originate from some underlying dyscrasia, usually syphilis or malaria. Paroxysmal neuralgic pains sometimes resist all treatment until perchance a history of syphilis is elicited, and a course of iodide of potassium prescribed. A headache recurring persistently (not neces-

sarily with periodicity), or a tendency to hepatic congestion—"biliousness"—is often radically cured by quinine, thus showing its malarial origin.

Some of the cases of symptomatic anemia occurring in malarial regions are directly traceable to the characteristic action which the malarial parasite manifests in the destruction of erythrocytes. The patients may never have had a paroxysmal fever in any form. The symptom complex accompanying this anemic condition has been designated by the somewhat indefinite term, "malarial cachexia." Treatment directed to individual symptoms is ineffectual in these cases until quinine has destroyed the myriads of plasmodia upon which the increased hemolysis depends. Other remedies are then of assistance in coaxing back the various organs to normal functional activity.

And so examples of this kind could be multiplied indefinitely. Enough have been given, however, to emphasize the importance of being attentive not only to individual symptoms, but also to the symptom group considered ensemble, and as related to an underlying cause. Through the agency of careful, painstaking, systematic examinations we are enabled to exercise a certain finesse in the selection of remedies, and thus secure results which are likely to be more satisfactory than when prescriptions are based upon less exacting methods.

PASADENA AS A HEALTH RESORT.

By A. J. CRANCE, M. D., Pasadena, Cal.

It is the object of this paper to specifically mention the points wherein nature has been lavish in extending her work to form a natural sanitarium at Pasadena devoid of many of the objectional features found elsewhere.

It is not sufficient or advisable to place a patient here or there regardless of environments socially and otherwise, then admonish him, "There you must remain." Instinct and habits call for intercourse with the outside world; diversion of mind from physical infirmities is essential to recovery. No doubt many localities throughout the Southwest are adapted to sufferers climatically, but the abominable feature of solitude is more killing than the disease itself.

Again, in estimating the virtues of a health location the environments nature affords by way of temperature, humidity, drainage and altitude must not be overlooked. A diversity of these is to be found right here, with a preponderance of equality in all favorable.

The temperature is as near perfect as can be found in the United States or elsewhere, averaging a mean of nearly 60° , with sudden changes

rare and a maximum of sunshine. The summer heat is not oppressive; the nights are always delightful for refreshing slumber, and by day ocean breezes fan and cool the atmosphere. Winter is a misnomer as applied to the term East, and can be used only relatively. Located on a high mesa thirty miles from the ocean, the degree of humidity is low; observations as tabulated, with the mercury at 90° or over, show it to be below forty per cent. The ocean's fogs, when occurring as they do at times in the morning, serve to clarify and cool the atmosphere; it is rare for land fogs to appear. The soil, a decomposed granite, is finely adapted to filter precipitation during winter months when periodical rains occur; besides, the natural incline affords drainage as perfected by nature. The altitude of Pasadena is about 1,000 feet above the sea level, more rapidly increasing as one approaches the foothills five miles north, until a height of 1,800 feet is attained, when the abrupt and precipitous Sierras form a barrier rising 6,000 feet above the ocean, serving in summer to shut off the heated air from the Mojave desert, and in the winter the cold atmosphere from the north. Again, the water supply is derived from natural reservoirs located in these high mountains, and is filtered through gravelly beds before ready for human consumption, rendering it pure and wholesome.

The climate possibilities in or near this town afford the health-seeker what he is looking for, besides giving him an opportunity to enjoy himself at the same time. Being in close touch with the outside world, the monotony of reduced health is not so vividly realized, and, in addition, he has the natural features of mountain and sea, always interesting and never tiring.

This is the climate for debilitated and uncertain constitutions before the ravages of disease have made inroads beyond repair. Almost all congestive diseases of internal organs are benefited; likewise rheumatic, neuralgic, dyspeptic, nervous, throat and lung difficulties. One condition, not universally present in chosen places as health resorts, is an opportunity of high or low altitude without going far from the center of accommodations and conveniences, thus making it particularly advantageous for asthmatic patients. Often we observe those afflicted in this matter, who cannot at times exist in Pasadena, get relief and breathe with perfect ease a few miles nearer the foothills. The rheumatic subject, coming here with the disease rooted in him as a chronic, often forgets his old enemy and flatters himself that he is well; likewise, the neuralgic patient. Nervous individuals do well, especially at low altitudes. The consumptive will ever be among us, and in justice to himself the expectancy of a betterment of his condition, if not a cure, is a possibility demonstrated by hundreds present who have been sufferers from this dread disease and are now enjoying good health. This applies

to those in whom vitality is not reduced beyond the limit of recuperation. The climate is adapted to out-of-door treatment, which means living in the open air the year round, and this is the only logical way of overcoming the dreadful malady. It is noticeable that the individual who goes about with a bottle of medicine in one pocket and a teaspoon in another, soon becomes a candidate for the undertaker. All forms of medicinal treatment are notoriously unsatisfactory except for associated conditions and their influence upon nutrition in a general way. The serum treatment is a failure so far as my observations have led me. At first the buoyancy of expectation seems to rally the patient only to leave him later on more debilitated than would have occurred had nature been left to work its own changes. When nutritious food, even temperature and a maximum of sunshine are at the disposal of the patient, there remains but little to add by medical treatment except meeting possible complications as they arise. Throat subjects, whose numbers are legion with varieties diversified, often find the drier and more rarified air of higher altitudes both beneficial and curative, especially the catarrhal kinds. Those of secondary import to lung affections derive good from the open-air treatment suggested for phthisical cases.

The immunity of children from intestinal diseases, such as cholera infantum and the prolonged diarrheas incident to the second summer, which are wont to disappear in climes of muggy temperatures with the advent of frosty mornings, is especially noticeable and in marked contrast with the East.

Again, to those of the other extreme of years indicated by past milestones of existance there is a boon of comfort where the temperature is universally mild and the possibilities of out-of-door exercise a feature of recreation met with daily, besides instilling new life and energy, and prolonging the day of the inevitable.—*California Medical Journal.*

ASCLEPIAS TUBEROSA.

By J. W. FYFE, M. D., Saugatuck, Conn.

This favorite of the early eclectics has well stood the test of many years, and is to-day still classed among our most useful remedial agents.

Asclepias is peculiarly adapted to the treatment of a wide range of abnormal conditions. In pleurisy, pneumonia, bronchitis and peritonitis it occupies a place which cannot be well filled by any other remedy. Its wonderful control over pleurisy has caused it to be familiarly known as pleurisy root. In chronic pleurisy it is especially valuable, and in pleuritic pains its relieving power is promptly manifested. In sharp

and cutting pains in the chest, it is also efficient, and in tight and painful coughs, when giving in doses of ten to fifteen drops of the specific medicine every half hour to every two hours, it has few equals. It is more speedily curative when given in hot sweetened water. Flatulent colic is quickly relieved by administering the same dose every half hour until the spasm is relaxed, and cramp in the stomach will usually yield to the same prescription. In the eruptive fevers asclepias is a useful remedy, and may be employed at all stages of the complaints, especially when the eruptions show tardy development. In all diseases presenting a dry skin, unequal circulation, feeble respiration, deficient action of the kidneys or flatulence, this medicament may be employed with the utmost confidence that it will do much in a curative direction, as it meets many frequently seen indications. In the advanced stages of phthisis it is many times a needed medicine. It lessens the sticky conditions of the secretions, and markedly modifies the difficulty of expectoration. It also reduces the feverish excitement and lessens the severity of the victim's cough. In the treatment of diseases peculiar to women indications for asclepias are often met with, and it is of especial value when such wrongs are spasmodyc in character. In dysentery, diarrhoea and cholera infantum its soothing influence over the intestinal tract has caused it to be highly esteemed, and in acute rheumatism it frequently constitutes an essential part of the treatment.

Asclepias tuberosa is tonic, diuretic, diaphoretic, expectorant, anti-spasmodic, alterative, carminative and laxative.

Among the specific indications most frequently presented for asclepias are the following: Sharp cutting or darting pain, increased by deep breathing; pain acute, and seemingly dependent on motion; lack of secretion from the skin; snuffles, or acute nasal catarrh of infants; flatulent colic in young children.

The dose of specific asclepias (or a good fluid extract) is from 1 to 60 drops, but when a forcible and prompt effect of the drug is not desired, its best results may be obtained by adding from ten drops to two drachms of the specific medicine to four ounces of water, and administering one teaspoonful of the dilution every hour.—*Eclectic Review.*

IN hemorrhage from the umbilicus in infants, if pressure fails to stop it, pass two pins under the navel, at right angles to each other, and a suture twisted below them.—*International Journal of Surgery.*

IN the treatment of orchitis, first treat the temperature; second, administer phytolacca for its specific influence, and third, assist in general elimination by administering occasional doses of acetate of potassium.—*Medical Summary.*

PROF. LLOYD AND THE ECLECTIC JOURNALS.—The eclectic medical journals of the United States are under great obligation to Prof. Lloyd for the effort he is making to increase their circulation. He is offering his very popular and interesting books at absolutely cost price as premiums with all subscriptions which he receives to eclectic journals. It is a plan that cannot fail to elicit a hearty response from the medical profession in general, and from eclectic physicians in particular. We have often deplored the lack of interest among physicians of our school in their representative journals. If all should show their good will, not only by subscribing, but by contributing articles and participating in the exchange of ideas, we should soon have larger and more influential journals. We trust that all who receive Prof. Lloyd's circular will avail themselves of the offer contained therein and subscribe to at least the eclectic journal published in his section of the country. Meanwhile we desire to express to Prof. Lloyd our sincere and heartfelt thanks for his efforts in behalf of medical journalism.—*California Medical Journal.*

QUACKERY WILL NOT SUPPLANT MEDICINE.—We hear a good deal of the inroads of quackery, of the spread of Christian Science, of the financial injury done the medical profession by the vogue of various fads and follies, and physicians of a pessimistic turn of mind are inclined to assert that medicine is "played out;" that it doesn't pay now to study to be a physician, etc. To all such we should like to say that their pessimism is unfounded; that quackery in multitudinous forms has existed and flourished from times immemorial, and that nevertheless medicine has survived, and we believe will survive forever. We should like our readers to transfer themselves for a few minutes to Boston, to the year 1844—nearly sixty years ago—and listen to the words of a great American master of medicine. They will see that practically the same condition of affairs existed then, and that "Alles ist schon dagewesen."

"I doubt," said Prof. Bigelow, "if physicians do not sometimes injure themselves and their cause by showing too great a sensitiveness in regard to the temporary inroads of irregular practitioners. Quackery whether carried on by the audacious enterprise of an individual imposter, or upheld by the trumpeting of a fanatical sect, is to be considered a necessary evil inherent in the constitution of society. It exists in every walk and occupation of life, by the exercise of which men procure bread. * * * A certain portion of mankind are so constituted that they require to be ridden by others, and if you should succeed in unhorsing a particular imposter, it is only to prepare the saddle for a fresh and more unflinching equestrian. * * * And if [in your controversy] you exhibit uneasiness, resentment, or ill temper, the public conclude that you are influenced by your private interests. Besides, you will

probably find that the quack who has his all at stake, can afford more breath and time than you can conveniently spare from your other occupations, and in an active warfare he may acquire two partisans to your one. * * The public generally require time to get disabused of a favorite error; and if too abruptly assailed, they will sometimes hold on to it, as the traveler did to his cloak when attacked by the north wind. * * As far as my observation goes, three quarters at least of the families in Boston and New England are in the hands of regular practitioners. The remaining fraction more or less consists partly of minds so constituted that they require the marvelous as a portion of their necessary food, and partly of unfortunate beings, suffering the inevitable lot of humanity, who having failed to obtain relief from the ordinary resources of medicine, seek for temporary encouragement in the dishonest assurances of any who will promise to cure them. The first is the dog in the fable, catching at shadows; the last is the drowning man catching at straws."

We have in the last two paragraphs an excellent resume of the reasons for the existence of quackery in all ages. We can also see that there is no danger of the obnoxious weeds of quackery entirely displacing the healthy plants of scientific medicine—unless the entire human race becomes hysterical or afflicted with incurable disease. And this is not a likely occurrence.—*Merck's Archives.*

PURSUIT OF THE APPENDIX AS SPORT—QUESTION RAISED AS TO WHETHER IT IS TO BE INTERFERED WITH.—Dr. John Henry Carsten's argument to the Michigan State Medical Society against the indiscriminate removal of the vermiform appendix appears to be irregular and unethical, says the *Detroit Free Press*. We have always been taught to believe that the vermiform appendices were what the lawyers call *terra naturæ*—wild things in which nobody can claim property, and which anybody is free to take. The better the appendix, the better the operation, and the more sport in the chase.

At this late day we cannot accept Dr. Carsten's theory that a healthy appendix ought to be removed. An appendix is an appendix, whether healthy or not, and modern surgery has definitely ascertained that the function of the appendix is to be amputated. That is its place in the economy of man, and for countless ages nature has directed her efforts, in the process of evolution, to the beneficent work of producing a vermiform appendix that could be easily separated from the patient, together with \$250. She has succeeded, and when Dr. Carsten advises that the appendix be left alone to wither and flap like the last leaf on the tree, it strikes us that he is counseling the surgeons to violate the ordinances of nature.

If Carsten would content himself with an imitation of the fish and game laws, and advocate a closed season for the appendix the suggestion might be worthy of serious consideration. Perhaps it might be better for everybody if no appendices were taken, say between the first of July and the first of October, and none less than four years old and not more than twenty-five by any one surgeon in a season, unless the taking of the appendix were absolutely necessary to feeding the doctor's family. This would be a reasonable regulation, and it would tend to eliminate the mere pot hunter, who slashes recklessly and has a tendency to remove more appendices than his bank account really requires.

However, the details of the closed season can be worked out later. We have no desire to usurp any of the medical society's functions; but it is none too soon to protest against the pernicious doctrine that a man has a right to keep his vermiform appendix merely because it is healthy or that he has any property rights whatever in his appendix. The time has yet to come to beat the scalpels into plowshares, and the forceps into pruning hooks.—*Medical Visitor.*

ARE THE PRESENT METHODS OF FUMIGATING EFFECTIVE?—Modern sanitary science has done much in recent years to curtail the ravages of disease, but there yet remains very much to be done. The problem of effective fumigation is one of the most difficult which confronts the sanitarian. G. E. Pfahler, of Philadelphia, in recent experiments shows that sulphur and formaldehyde come nearest fulfilling the requirements as antiseptics. In fumigation we want an agent which will promptly penetrate every part of the room, destroy bacteria, not injure other material with which it comes in contact and at the same time be easy of application and not too expensive. One investigator (Flugge) says that fresh and undried sputum and diphtheritic membrane are not penetrated by formaldehyde; the inner side of soiled clothing, excreta in form of scales and dried dust; the deeper parts of bedding, articles in pockets, handkerchiefs, etc., are not disinfected by it. Typhoid and diphtheria bacilli were not killed when placed between two layers of blankets. By sulphur fumigation, three pounds to 1,000 cubic feet and exposed twenty hours, no pathogenic germs were killed except those of diphtheria. Three times the usual amounts of both sulphur and formaldehyde were used in other experiments, with like results. The lesson to be drawn from the researches are that we must rely not so much on fumigation, but more upon destruction by fire of infected material. During illness of patients we must see that all discharges are promptly made away with so that the contamination by these infectious materials will not be so extensive. Burn all you can afford to burn; use boiling water on all articles which it will not injure and leave the rest to fumigation. Use present methods until more effectual ones are found.—*Carolina Medical Journal.*

TREATMENT OF DIABETES MELLITUS BY THE USE OF A DIET CONTAINING POTATOES.—Mosse starts out with the statement that the object sought for in the treatment of diabetes mellitus is the prevention or reduction of the hyperglycemia. This may be brought about either by stimulating organic combustion, and thus hastening the destruction of the grape sugar, or by suppressing from the diet or reducing to a strict minimum the sugars and carbohydrates convertible into glucose. Potatoes are generally held to be injurious in diabetes, and are usually placed in the list of forbidden articles. Mosse believes, on the contrary, that they are not only permissible, but even useful. Potatoes may, with advantage to the patient, be given in substitution for wheat bread in the proportion of 2.5 to 3 of the former (weighed raw) to one of the latter. In his dietetic experiments he allowed his diabetic patients to have the enormous amount of 1 to 1.5 kilograms of potatoes (weighed raw) daily. In some instances the amount was increased up to 3 kilograms or about 6 pounds. Wheat bread contains from 47 to 55 per cent. of starch, whereas fresh potatoes contain from 16 to 24 per cent., or an average of 20. The potatoes may be given in various ways, but in all cases Mosse had them baked. In his experiments usually from 1 to 1.5 kilos of potatoes were substituted for about 350 to 500 gm. of bread. After the potatoes were substituted there was always a definite drop in the curves representing the urine and sugar excretion. In none of his cases did the sugar entirely disappear. Mosse states that there was also a marked amelioration in the patient's symptoms. The thirst became less, neuralgias disappeared, and the strength increased. He found that after potatoes had been substituted for bread for several days, and then the patient placed on the original amount of bread the excretion of sugar never reached the limit attained previous to the potatoe regime. The writer consequently holds that a potatoe diet has a similar beneficial effect to the "hunger-day" of Naunyn. Good results have followed the use of the potato regime in not only the mild, but also the severe forms of diabetes. Mosse claims that trumatic wounds and those following surgical operations heal much more rapidly on a potato diet, and cites cases attempting to demonstrate this view. Two hypotheses are advanced to explain the beneficial effect of the potato diet. The first is that the potato produces a sugar more easily warehoused than that produced from bread; and second, that it introduces a substances into the organism which favors the glycolytic function of the body. The diminution in the thirst is attributed to the greater amount of water contained in the potatoes. The increased glycolysis is believed by the writer to be due to the much greater quantity of potash introduced into the system as a result of the potato diet. From the series of charts published, it seems quite certain that potatoes are better tolerated by diabetics than wheat bread.—*American Journal of Medical Sciences.*

ABUSE OF HYPNOTICS IN INFANCY.—Throughout the entire year the busy physician is called upon to quiet crying infants. Mothers, especially among the poor, who have tried the different sedatives which are so easily bought nowadays, finally consult the doctor upon how best to quiet the baby, who is hardly still a moment. In almost all instances the child has been given some anodyne, soothing syrup, or other opiate, more or less regularly during a long period of time before the physician sees it. Its condition has by that time entirely changed. It is impossible to find the original cause of the crying, since the baby now frets continually until a few more drops of its narcotic mixture is given. Then it drops off into a dull sleep, soon awakening, as the drug wears off, to continue its shrill crying. Very little questioning suffices to elicit the history that some one, generally the mother, tired of hearing the constant crying, has been in the habit of drugging the child. If acute illness should develop in such an infant, the prognosis would at best be very unfavorable. While infants may need a sedative rarely, when the cause of the pain has been found and no other remedy is possible, in most infants cry from colic, due mainly to disturbances in the stomach or intestines. In such cases a few of the old-fashioned, harmless preparations, such as calomel, sodamint, oleum foeniculi, etc., together with correction of any error in the child's diet, are sufficient to overcome the condition.

In their anxiety to quiet the baby, some mothers fall into drugging it in ignorance of the harm they are causing. In other cases the custom is taught parents by neighbors, friends or physicians. For it is a fact, unfortunately, that there are physicians who advise paregoric for crying infants, either without making an attempt to seek the cause, or when no cause can be found to explain the crying. The other remedies in constant use, anodynes, soothing syrups, and the like, also contain some opium, and any of these soon cause the habit. Habitually drugged infants frequently develop marasmus, as the original cause of the crying is usually some gastro-intestinal derangement. As this is in no manner affected by the narcotic, it becomes chronic. Gastro-intestinal symptoms grow more marked, the baby loses weight, and a peculiar shrill, high-pitched cry is noted. It develops tremors of the arms, hands or fingers, which may become general. Finally, marasmus and death from malnutrition follow. This harmful practice, fostered by druggists, the child's relatives and some physicians, is widespread. The habit is most noticed by physicians during the summer months, when gastro-intestinal disturbances are most prone to occur. The mother tries for a time to combat illness with home remedies, and when the harm is done, the opiate having been given during some weeks, the really ill infant is brought to the hospital for treatment. Then when death occurs, as

results in most of these cases in very young infants, the hospital or dispensary is blamed for not having saved the child's life. Among all the evils to which the infants of the lower classes are subjected, this is one of the worst. When this is superimposed upon an unclean, insufficient food, administered too frequently, there is no wonder that death soon intervenes.—*Philadelphia Medical Journal.*

THE SELF-ADVERTISING PRACTITIONER.—In a previous issue we printed a clipping from a country newspaper which described the new equipment of a certain physician in such accurate terms that we expressed the opinion that the physician had assisted the editor in its construction. A number of correspondents have called our attention to what we are sorry to say is a too evident fact that some—not many we are happy to say—of the medical and surgical leaders of the great medical centers are not averse to similar newspaper notice. Some of our critics inclose newspaper clippings in support of their allegations. As an example, one correspondent calls attention to a two-column notice of the "Latest Triumph of American Surgery" in one of the best-known weekly lay publications of the day, where it appears with the portrait of a triumphant surgeon inserted between a champagne advertisement and others of Nabisco sugar wafers, Beeman's chewing and Williams' shaving sticks. We ourselves have observed these things, and it pains us to think of the mortification such publications must give the eminent parties whose names are thus taken in vain. We remember a distinguished professor's lamentations over the sins of the reporters who, in spite of his expressed wishes, kept reproducing what purported to be verbatim interviews with him in regard to the notable features of his work that had an interest for the reading public. We are well aware that the newspaper man is ubiquitous, that his moral sensibilities are seldom fine enough to permit him to forego a scoop, and that any one who amounts to anything is liable to suffer at his hands. Those who are more distinguished will, of course, suffer more, but there are some who seem to suffer most, to have an idiosyncrasy, as it were, a special susceptibility to his attacks. There are some particularly shining marks who specially deserve the sympathy and condolence of the profession. Some men are born to be notorious, some achieve notoriety, and some have it thrust upon them. No one can properly envy any one who has the misfortune of receiving the unethical notoriety derived from what is, of course, undeserved and unauthorized newspaper puffery. For "Brutus is an honorable man; so are they all, all honorable men." But seriously, the contention of our correspondents is just. Criticism should be applied with equal force to him who stands high in the profession as to the unknown man of few friends and few attainments. There can be no two rules of conduct.

If it is wrong for one physician to allow himself to be written up in the newspapers, it is wrong for another. The great city surgeon or physi-
ciad whose conduct is dishonorable is a sad example to the country
practitioner. The "leading lights" are supposed to lead in ethics as
well as in diagnosis. If they do not, they are not leaders in a worthy
sense. The fall of the tempted practitioner is often swift; surreptitious
advertising, open display, exaggerated assertions, quackery. If he be
encouraged in his course by his superior skill, let the blame rest where
it should. There is but one rule for both.—*Journal of the American
Medical Association.*

THE DANGERS OF HEROIN.—Among recent synthetic products none is more widely used than heroin—an artificial, or rather synthetic, morphin salt, which many physicians employ with the idea that it is a harmless succedaneum for morphin. On the contrary, it has all the dangers of morphin salts in general, and additional dangers of its own. The writer of this paragraph has seen suppression of urine and threatening coma from small doses of heroin (1-12 gr.) prescribed to check cough or relieve pain. Especially dangerous are the trade preparations containing heroin—the composition being sometimes expressed in their proprietary titles, and sometimes not. These combinations are widely advertised as cough syrups, asthma cures, etc. Preparations of this character should never be used by physicians, who should be able to make their own combinations with or without morphin, and adapted to the needs of the individual case before them. Heroin is one of the most toxic agents of the morphin group. It has its legitimate uses, uncom-
bined, in small, carefully - watched infrequent doses; but not with the idea that it is anything else than a morphin salt.—*American Medicine.*

SUGGESTIVE THERAPEUTICS.—You may say that you do not use suggestion in your practice, and that your remedies will speak for them-
selves. Every thinking physician will recognize the fact that every act of his in the presence of his patient is a suggestion for or against the success of his treatment. More than that, a poorly kept driving outfit, an untidy, slovenly kept office, a carelessness as to your personal appearance, are all negative suggestions, not only to your patients, but also to others who might have been your patients. At the office do you permit loafing, and, maybe, set the example for smoking and chewing, and still not believe in suggestive therapeutics? Taking it for granted, you keep a clean office, free of tobacco and loungers, a patient calls, and, regard-
less of sex, your first suggestion is in your favor. Ever doctor has, or should have, a private consultation room, into which your patient is invited. What is more embarrassing than to answer questions in the presence of others not accompanying the patient?

A good stethoscope or phonendoscope, or any other artificial means for diagnosing, whether an aid to you or not, is always a good suggestive measure. When you give your patient his medicine, and whether you are positive or not in your diagnosis, have you not noticed a difference in the results when you are positive in your directions, or when, may be, when you say, "Try this, and if it doesn't help let me know," or words to that effect? Nine times out of ten you will get negative results in such cases. Try never to give the patient or friends a suggestion that you don't know your business, if you wish good results. While suggestion can be used in all cases, if properly applied, good results are most often obtained in treating that friend of ours "mysteria" or commonly called hysteria. My plan is, when called to such a case, to talk and act as if my patient had both eyes and ears wide open, and if I do not wish to use a hypodermic of morphine, I call for two glasses and some water. In one I put nux and lobelia; in the other, maybe, cactus, pulsatilla and passiflora. Then I direct that the first, or *bitter*, medicine be given every five minutes until she gets better, when it is left off and the *pleasant* medicine is to be given. It isn't generally long until they awake to tell you they have enough of that "nasty stuff." Then set it to one side, with the remark to give it as before if she *should* take worse. I seldom ridicule such a patient, neither do I tell in her presence that she is "faking." Like consumptives, these patients will seldom take the truth kindly, so why tell all you think? If you don't treat them, some other physician will.—H. H. Blankmeyer, M. D., *Honey Grove, Tex.*

SPECIFIC MEDICINES.—In dispensing our specific medicines the most of use a given amount of the remedy in four ounces of water, which, especially in summer time, will undergo a change in a few hours, generating a fungus, or cause a nasty precipitate, which renders it very unpalatable and possibly impairs its medicinal effectiveness. Here I wish to call attention to chloroform water, as given in the MEDICAL GLEANER some years ago, as it is a good thing. Put a teaspoonful of chloroform into a half a gallon bottle two-thirds full of water, shaking it vigorously for ten or fifteen minutes until the water has taken up all the free chloroform. This gives our medicine a sweetish taste and prevents it from souring or changing for months, if it is kept corked. I usually keep two bottles of chloroform water, one plain, and the other I color with some burnt caramel. This costs next to nothing, and is better than any solution with alcohol, glycerine, or simple syrup. Dr. Bloyer should have great credit and the thanks of the physicians for giving us this simple method of putting up our specific medicines.—E. R. Waterhouse, M. D., *St. Louis, Mo., in Eclectic Medical Journal.*

ELDER FLOWER.—This is a remedy which is used in some households as a diuretic. It appears from recent reports to have virtues which should commend it to the profession. Dr. H. E. Randall writes in the *Philadelphia Medical Journal*: “I do not know whether the medical profession in general is using elder flower for dropsical conditions. I have found it almost a specific in seven cases in which it was used. A few years ago I tried nearly everything on a case of anasarca with abdominal dropsy. The patient finally asked me whether elder flower was good for her condition. I told her I did not know; it might increase the flow of urine, but that I did not expect any permanent good from it; but, if she cared to try it, I would give her a prescription for it. I gave her the prescription, but her friends went to the woods, gathered some of the bark, steeped it and gave it freely, and the woman got well. I have since seen it used in several cases with success. Most of the textbooks do not mention it at all. I have been disappointed in the use of cathartics and diuretics for dropsical conditions. The amount of urine passed does not seem to influence the amount of fluid in the tissues. If water is withheld, the patient is as bad as ever when fluid is retaken. Fluid extract of cambucus canadensis in one-quarter to one teaspoonful doses, three or four times a day, comes as near being a specific as anything I have ever tried, whether the dropsy be due to heart, liver or kidney disease.”

Dr. Beverly Robinson, New York, also says: “I beg leave to say that the elder flower as a diuretic, referred to by Dr. H. Randall, is well known in France as being useful in this respect. In one at least of the services in a large Paris hospital it is given with notably good effects. In interstitial nephritis, to diminish excessive arterial tension when it is accompanied with threatening or annoying symptoms, an infusion or decoction of the bark seems preferable to the fluid extract prescribed by your correspondent. In some instances, no doubt, elder flower is more useful and less objectionable than nitro-glycerine or the nitrates, when employed for a similar purpose. Unquestionably, in a fair proportion of cases, in which the quantity of urine is lessened and the specific gravity low, it increases both with advantage to the patient, viz.: It wards off menacing uremia and gets rid, in a measure, of serious effusions in the cavities and edema of the limbs. I am glad to corroborate Dr. H. E. Randall's personal experience.”—*Wisconsin Medical Recorder*.

GELSEMIUM IN TETANUS.—Our city hospital physicians who are very learned (as they themselves say) tell us that ninety-five per cent. of the cases of lockjaw result in death, in spite of the lauded virtues of their antitetanic serum, and a look at their records will convince one that they seldom save a case. I have never had but three cases of this

dread disease in my practice, but all three of them are to-day living witnesses to what gelesmium will do in these cases if properly handled.

I begin the treatment with a fourth of a teaspoonful of the specific gelsemium every hour, and gradually increase the medicine to a teaspoonful. The nurse is to be put on watch for the physiological action of the drug, which will never manifest itself until the tetanic spasms are subdued. One such case, a boy of fourteen years, took two and half pounds of gelsemium before there was any drooping of the eyelids and relaxation of the muscles and other physiological symptoms developed. Yes, gentlemen, I make no mistake, two and a half pounds! He could not stand upon his feet for fully two weeks on account of a sort of paralysis of the lower limbs, which the hypodermic use of strychnine relieved. I cannot believe that this condition was in any way the result of the gelesmium, but the result of the disease. I do not believe in the theory that gelsemium is a poison, and do not believe that a single dose of four ounces would kill an ordinary adult, although very alarming symptoms would be brought about. I believe that gelsemium will cure nearly every case of tetanus, if its use in accompanied by a reasonable "horse sense."—*E. R. Waterhouse, M. D., St. Louis, in Eclectic Medical Journal.*

TRANQUILITY.—Who does not love a tranquil heart, a sweet-tempered, balanced life? It does not matter whether it rains or shines, or what misfortunes comes to those possessing these blessings, for they are always sweet, serene and calm. That exquisite poise of character which we call serenity is the last lesson of culture; it is the flowering of life, the fruitage of the soul. It is as precious as wisdom, more to be desired than gold—yea, than even fine gold. How contemptible mere money-wealth looks in comparison with a serene life—a life which dwells in the ocean of truth, beneath the waves, beyond the reach of tempests, in the eternal calm! How many people we know who sour their lives, who ruin all that is sweet and beautiful by explosive tempers, who destroy their poise of character by bad blood! In fact, it is a question whether the great majority of people do not ruin their lives and mar their happiness by lack of self-control. How few people we meet in life who are well-balanced, who have that exquisite poise which is characteristic of the finished character!—*Success.*

ACETATE OF POTASH IN SCARLET FEVER.—In the after development of scarlet fever thousands of children die. We find the cervical glands increasing in size, and the doctor tells us that an abscess is forming. At this juncture get out your dydrometer [urinometer] and test the specific gravity of the urine, and you will find it as low as 1003 instead of 1030, at which high point it should be while carrying off the products of the

high inflammatory action that "has been." Further treatment should be perfectly plain to any thinking physician. Give acetate of potash, with specific phytolacca, and weigh the urine every time it is voided, and you will note the increase in solids, which will steadily rise until we get it to the desired point, when the potash is to be reduced to hold it where we wish it; and you will also note substantial improvement in the worst cases in proportion to the increase of the solids voided. This will prevent suppuration in these glands, provided no pus has been formed at the time the acetate of potash was begun.—*E. R. Waterhouse, M. D., St. Louis, Mo., in Eclectic Medical Journal.*

THE WASTE ENERGY OF COUGHING.—The amount of energy expended in coughing is very considerable; indeed, one of the patient statisticians, for which Germany is renowned, has calculated that a patient who coughs once every quarter of an hour for ten hours expends energy equivalent to 250 units of heat, which may be translated as equivalent to the nourishment contained in three eggs or two glasses of milk. In normal respiration the air is expelled from the chest at the rate of four feet per second, whereas in violent coughing it may attain a velocity of 300 feet. This waste of energy is especially important, because it occurs, for the most part, in persons whose assimilative functions are already working under difficulties; consequently the ingestion of the corresponding quantity of nourishment by no means compensates for the exertion. It follows that persistent cough is *per se* a manifest cause of emaciation, though there are many other factors which tend in the same direction; hence the desirability of restraining cough within safe limits, especially when it is due to irritative reflexes, such as are excited by laryngitis and pharyngitis. Increased rapidity of expulsion of air without increased exertion is obtained in high altitudes by reason of the low barometric pressure and the consequent diminution of resistance to the exit of the respired air; a fact which explains in part the beneficial influence of high altitudes in diseases associated with cough.

—*Medical Press and Circular.*

THE amiable, able and artistic Amiel in his journal *Intime*, truly says: He who is silent is forgotten; he who abstains is taken at his word; he who does not advance goes back; he who stops is overwhelmed, distanced, crushed; he who ceases to grow greater becomes smaller; he who leaves off, gives up; the stationary condition is the beginning of the end—it is the terrible symptom which precedes death. To live is to achieve a perpetual triumph; it is to assert one's self against destruction, against sickness, against the annulling and dispersion of our physical and moral being. It is to will without ceasing, or rather to refresh one's will day by day.

APHORISMS.—Grippe straddles as it jumps.

A constipated pocketbook has a larger relation to unhappiness than does a constipated bowel.

"A stitch in time" may keep it from ripping further, but you will grow old all the same.

The word "clap-trap" does not mean the same to all men.

Enough of Hate will precipitate its natural solvent, Love.

It does not make much difference to a tramp which side of his bread is buttered.

It is sad, but it is a fact, that the butt-end of a goat has never yet been differentiated.

The sublime: the ridiculous: liberty: license.

In studying antitoxine statistics, be sure that you don't confound *diphtheria* with *diphthery*.

Phthisis wears no boots.

"Music hath charms to sooth a savage," but it is notable that in our late insular service, Yankee Doodle *alone* did not quite reach.

Dreams are broken shadows of the mind.

"A soft answer turneth away wrath." Alas, it is just as true that wrath turneth away a soft answer.

Life is fiction and friction.

There is hope for the physician who will admit that he is guilty of malpractice every day of his professional life.

Death pi's us, and Nature redistributes us.

An official announcement of the death of the devil would create no flutter in heathendom and but little in Christendom.

The cyclone is a meteorological cramp colic.

Life is an evolutionary sentence. Days are its commas; weeks its semicolons; months its colons; years its exclamation points, and death is at once its period and its interrogation point.

Color-blindness is a prime element of genuine philanthropy.

Dont be vain of your he-ness. No odds how much a man's brow may bulge, the merest Biddy can beat him to death when it comes to driving a hen.—*W. C. Cooper, M. D., in The Alkaloidal Clinic.*

In the treatment of fractures occurring in alcoholic subjects, remember that they are particularly liable to the development of delirium tremens, and that unless they are well secured in bed they may get up and attempt to use the injured limb with disastrous results.—*International Journal of Surgery.*

STRYCHNINE is an excellent remedy for uterine hemorrhage from atonicity or inertia. It may be given in advance if such a condition is anticipated.—*Medical Summary.*

THE KLEBS - LŒFFLER BACILLUS.—The Klebs-Loeffler bacillus is still working over time in some communities with progressive (?) physicians. During our temporary absence in New York in November, the mother of one of our families took ill with sore throat. The physician called pronounced it diphtheria and at once quarantined the house and a blue-paper sign was affixed over against the door-jamb. On visiting the lady later, we discovered a usual case of follicular tonsillitis, which gave way in forty-eight hours; then we attempted to have the blue-paper sign removed from the door. The health officer refused to consider the thing so long as there was a difference of diagnosis; clearly intimating that because two fool doctors couldn't agree, this innocent woman was to be punished for three weeks to come by having her house defamed and defaced with that *letter de cachet* sign. We appealed to Tom Johnson, and matters took a prompt turn the other way. The health officer—an appointee of Tom Johnson's—came one evening, took a swab and made a culture from the throat, in order to determine the presence of any Klebs - Loeffler bacilli. Next day the formaldehyde brigade nearly suffocated the innocent family. But the sign is no longer on that door-jamb!

If, therefore, it was necessary to go through this mummary to find whether Klebs-Loeffler bacilli were in that woman's throat in order to have that beastly sign taken down, why was it not equally necessary that the same bugteriological investigation and swabbing should have been done BEFORE the sign was put up at all?

Again, the Klebs-Loeffler bacillus has long since ceased to be diagnostic either of the presence or absence of diphtheria, as all advanced students of medicine know; for it has been found in throats that were not diphtheritic, and it was not found where there was unquestioned diphtheria. Indeed it has been found in the throats of animals which have never, so far, been known to show any sign of diphtheria. — *The American Physician.*

THE CHIEF END OF LIFE.—The chief end of life is not to make homes immaculately clean, nor to provide the members of the household with the choicest viands that cookery can produce, but to surround the place with an atmosphere of cheerfulness, comfort, hope and brightness. Homes are made to make life sweeter and pleasanter after the turmoil and fight of the world, and it would be better to let some of the house-cleaning go, if it must strain and try the nerves so that irritability, restlessness and ill-temper must be the inevitable concomitant. Woman's love, brightness and cheerfulness must ever be the world's hope, and without these in our homes the struggle for existence would be weary and discouraging indeed. A greater mission than to bring happiness into the world no woman ever had, and it is one that all can achieve.

THE VALUE OF MEDICAL SOCIETIES.—The question is often asked, of what value to the individual practitioner is membership in a medical society? We maintain that an active membership is of great direct practical value to the individual, from which benefit indirectly accrues to his brother practitioners and to his patients.

The average man swings his shingle to the breeze, equipped with ambition and hope, but with his brain overstocked with a mass of unclassified data, largely theoretical in character, needing ten years of practical experience to sort out the rubbish. To him the medical society is a post-graduate school, with the older men as teachers. He is stocked with new theories, they with experience, from the happy combination of which evolves the successful practitioner. He should therein find his friends and advisers and his incentive to earnest effort in the example of his confrères. Hence the medical society is an invaluable aid in developing the graduated embryo into the full-fledged doctor.

To the older practitioners the need and the profit is not less. He is busy in active work, with limited time for reading and study, and becomes a "back number" just as rapidly in the city as in the woods, but for the burnishing at his command in rubbing against his fellows. He can learn theory from the well-taught recent graduate and practice from the older man, just as he can in turn contribute from his experience.

Let it be understood that we are talking about active membership. The man who goes to listen, learns, but the man who takes part learns more, for the resumé of the literature or study of cases essential to the proper preparation of a paper, or intelligent discussion, helps directly the man who does it.

Another function of the medical society is the inculcation of ethical ideas. The condemnation on the part of medical societies of newspaper advertising, division of fees, criminal practices and other evils of this commercial age, deters many men from unethical acts, not through the mere fear of expulsion, but because they want the commendation and dread the condemnation of their associates.

As a matter of fact, society makes its own laws largely by the power of public opinion. Society condemns crime, drunkenness and immoral conduct, and more men are good because public opinion condemns evil than because they imbibed any innate goodness with their mother's milk or inherited a father's strength of character. And to this common law medical men are no exception.

Lastly, the medical society benefits the entire profession by the power of organization, on the "little drops of water, little grains of sand" principle, and we are about to obtain, in the near future, things heretofore impossible of attainment, through the organization of the profession now under way all over the country.—*Detroit Medical Journal.*

CARBOLIC ACID IN SURGERY.—Dr. Seneca D. Powell claims priority in the use of alcohol as an antidote to carbolic acid. He sees great difference in the results from the various brands of carbolic acid. That made by Calvert, of England, is the best.

Surgical Uses.—Ivy poisoning. Apply five per cent. solution of carbolic acid over the inflamed surface for ten minutes to half an hour. Then substitute a two per cent. solution until the disease has disappeared. When ivy poison is on the body instead of the face he uses a dram to the ounce until the surface is whittened, then it is checked by the use of alcohol.

Gonorrhea.—“ Specific urethritis will yield to one treatment in the majority of cases.” In the female he uses a dram to the ounce solution, following the use of the acid with alcohol, then syringing with a warm two per cent. solution of carbolic acid. In the male he makes a deep urethral injection of a five per cent. solution, followed by two or three syringefuls of warm or hot water. In cases of long standing infection he occasionally found it necessary to repeat the injection a few times.

Erysipelas.—He uses ninety-five per cent. carbolic acid, applying it carefully and using alcohol as soon as the skin turns white. Holding gauze pledges over the eyes, he paints the surrounding skin with the pure acid. The alcohol must not be brought in contact with the skin before the acid is applied. He has applied carbolic acid in this way over the entire body from the nipple line to below the knees on a twenty year old patient. Temperature was reduced from 106 to normal in four hours.

The author claims that the action of the acid in these cases is uniformly and promptly successful, and since adopting this treatment he is no longer afraid of treating erysipelas in the general ward in beds adjoining other surgical cases.

Lymphangitis.—The pure drug is applied along the line of the lymphatics, neutralizing its effect with alcohol. Then he envelops the whole limb with gauze wet with a two per cent. solution.

The annoyance of the clinging smell of the hands following opening of foul abscesses or following post mortem work can be banished and the hands left aseptic by rinsing in a dram to the ounce solution of carbolic acid. Wherever located, abscesses should be swabbed freely with pure carbolic acid. Thorough drainage and removal of pyogenic membrane is necessary to success.

A septic uterus is treated the same as a large abscess cavity. He swabs out the entire uterus with a dram to the ounce solution and packs with the gauze bandage rinsed out with a five per cent. solution.

Mastoid Diseases.—Secure thorough drainage, be generous with the amount of pure carbolic acid poured in, and use gauze drainage.

Empyema.—Open operation is the only treatment. Resect three-quarters of one rib. Irrigate the chest with strong solution of carbolic acid, then introduce one dram to the ounce solution. Wash this out with a two per cent. solution, repeating the process until satisfied that the solution has reached every pocket of pus.—*Red Cross Notes in the Physio-Medical Record, August, 1903.*

ACUTE EDEMA OF THE LARYNX.—*By Benj. L. Simmons, M. D., Granville, Tenn.*—**Definition.**—This is an asthenic inflammatory condition of larynx involving mainly the epiglottis and the aryteno-epiglottic folds accompanied by infiltration with serum.

Etiology.—Edema of the larynx is rarely a primary disease, being most always secondary to some other disease.

Pathology.—The morbid condition is confined mainly to the epiglottis and the aryteno-epiglottic folds. The false vocal cords and the mucous membrane of the arytenoid cartilages are often involved. Seldom ever does the infiltration appear on the vocal cords proper.

Symptoms.—Paroxysmal dyspnea, a sense of fullness and constriction, a continuous desire to clear the throat, a hoarse convulsive cough with suffocative feelings, and generally a painful deglutition are among the early symptoms. “While inspiration is prolonged, stridulous and exceedingly difficult, expiration is comparatively easy.” As the disease advances, the pulse becomes small, frequent and irregular; the coughing and feelings of suffocation are more frequent; the eyes protrude; the lips and face are cyanotic; the respirations become very slow and difficult; the patient rapidly sinks; and death from apnea arrests the struggle.

It should be remarked that the voice remains but little changed throughout the attack, unless the vocal cords become involved.

Diagnosis.—The diagnosis is easy. The laborious inspirations and comparative freedom of expiration are sufficient. If more evidence is demanded the laryngoscope will furnish it.

Prognosis.—The prognosis is extremely bad under any form of treatment.

Treatment.—Our experience teaches us that medical agents afford but little aid, except, perhaps, when edema is partial. That scarification and tracheotomy prove any better in results has never been shown.

But we must do the best we can for the sufferer from this dread malady. However there is hope in scarification if the inflammation has ceased with the infiltration. In such a case specific apis, five to ten drops to water four ounces, a teaspoonful being given every hour, helps toward relief.

If the edema be not acute, but results from general dropsy, scarifi-

cation with remedies addressed to the dropsical conditions may effect a cure.

If the inflammation persist in the parts involved, cold applications to throat, and ferric phos. 3 x. in three-grain doses, every hour, should be used. Inhalation of the vapor of vinegar helps to ease in any form.

If the disease be secondary to tuberculosis, but little temporary relief can be expected.

ACONITE AND DIGITALIS.—Dr. Hobart A. Hare in substance says that he is convinced that in the great majority of instances digitalis is administered in doses which are much too large and often continued over far too long a period. Such doses, no doubt, may in some cases, be necessary at the outset of treatment, but after a time they should be rapidly and considerably diminished. He has been surprised to find what excellent results can be produced by the use of such small amounts as one or two minimis of an active physiologically tested tincture of digitalis given three or four times a day, the patient being, of course, required to rest, and so give his heart that therapeutic aid most needed when its compensation is ruptured. Digitalis can manifestly do more harm than good if the coronary arteries are so nearly closed that it is impossible for the heart to pump blood through them in increased quantity, and again if the myocardium is in a state of advanced degeneration. Dr. Hare is also quite sure that in a certain number of cases of valvular disease the patient does not require digitalis or any other cardiac stimulant for the relief of his cardiac symptoms; but, on the other hand, in addition to rest, will often be greatly benefited by the administration of aconite, which has a steadyng effect on the heart through its influence on the vagi as has digitalis. By its sedative influence on the heart muscle in hypertrophy, which sometimes produces an excessive irregularity, and by its relaxing effect on the blood vessels, it produces good results. It is much easier to conclude, in the case of valvular disease, with dyspnoea and disturbed heart action, that these symptoms are due to a failing heart than that they are due to a hypertrophy and an excessive activity. Such cases are frequently seen in men well developed in the muscular sense, and whose occupation has caused them to do heavy manual work or who take part actively in some of the severe athletic games. And not infrequently other cases are met with in which the use of well-balanced doses of aconite and digitalis have produced results which neither drug could produce by itself, although at first glance they are physiological antagonists.—*The Eclectic Review.*

DR. STOWALL claims that hypodermics are rendered less painful and more readily absorbed by dissolving the tablet in a saline solution instead of water alone.—*Medical Summary.*

SUPPURATING BREASTS.—Ammonium muriate is a specific in the treatment of threatened suppuration of the mammary glands of the recent mother. When the breasts become sore and caked, and we are looked to for immediate relief, how many of us are able to give this relief at once? Here you have it at once: Put an ounce of muriate of ammonia in a quart of hot water and wring out cloths from this and pack over the breasts, the cloths to be rewet as soon as they become cold, and you will be surprised how soon your patient is eased and the breasts softened. If the patient is feverish, give aconite and phytolacca along with the use of salammoniac. Doctor, don't forget this, but lay it up in some handy corner in your "knot" where you will be sure to find it when occasion requires.—*E. R. Waterhouse, M. D., St. Louis, Mo., in Eclectic Medical Journal.*

DREADFUL DEADLOCK.—Drink water and get typhoid. Drink milk and get tuberculosis. Drink whisky and get the jimjams. Eat soup and get Bright's disease. Eat meat and encourage apoplexy. Eat oysters and acquire toxæmia. Eat vegetables and weaken the system. Eat desert and take to paresis. Smoke cigarettes and die early. Smoke cigars and get catarrh. Drink coffee and obtain nervous prostration. Drink wine and get the gout. In order to be entirely healthy one must eat nothing, drink nothing, smoke nothing, and even before breathing one should see that the air is properly sterilized.—*Exchange.*

But there is one other way—keep healthy and defy disease in all the elements. Yet another, if this fails in spite of all hygienic methods: resort to bovine blood (as in bovinine) and be fortified with Nature's universal life-preserver.—*Modern Medical Science.*

THE GREATEST ENEMY OF THE HUMAN RACE.—Thought's most deadly instrument for marring human lives is fear. It demoralizes character, destroys ambition, induces or causes disease, paralyzes happiness in self and others, and prevents achievement. It has not one redeeming quality. It is all evil. Physiologists now well know that it impoverishes the blood by interfering with assimilation, and cutting off nutrition. It lowers mental and physical vitality and weakens every element of success. It is fatal to the happiness of youth, and is the most terrible accompaniment of old age. Buoyancy flees before its terrifying glance, and cheerfulness cannot dwell in the same house with it.

"The most extensive of all the morbid mental conditions which reflect themselves so disastrously on the human system is the state of fear," says Dr. William H. Holcomb. "It has many degrees or gradations, from the state of extreme alarm, fright or terror, down to the slightest shade of apprehension of impending evil. But all along the line it is

the same thing — a paralyzing impression on the centers of life which can produce, through the agency of the nervous system, a vast variety of morbid symptoms in every tissue of the body.

"Fear is like carbolic acid gas pumped into one's atmosphere," says Horace Fletcher; "it causes mental, moral and physical asphyxiation, and sometimes death, death to energy, death to tissue and death to all growth."

Yet from our birth we live in the presence and under the dominion of this demon. A child is cautioned a thousand times a year to look out for this, and to look out for that ; it may get poisoned ; it may get bitten ; it may get killed ; something terrible may happen to it if it does not do so and so. Men and women cannot bear the sight of some harmless animal or insect, because, as children, they were told that it would hurt them. One of the cruelist things imaginable is to instill into a child's plastic mind the terrible image of fear, which, like the letters cut on a sapling, grows wider and deeper with age. The baleful shadows of such blasting and blighting pictures will hang over the whole life and shut out the bright joy of sun and happiness.—*Success.*

IN order to draw on rubber gloves easily, it is a good plan to place them in a lysol or creolin solution after they have been boiled. The soapy nature of these solutions lubricates the glove and hand.—*International Journal of Surgery.*

NOTES AND SOCIETIES.

THE thirtieth annual meeting of the Georgia Eclectic Association will be held at Atlanta March 30 and 31. On the evening of the 31st the annual commencement exercises of the Georgia College of Eclectic Medicine and Surgery will take place in the assembly hall of the Kimball.

THE next quarterly meeting of the Northeastern Ohio Medical Association will be held at the Forest City House, Cleveland, March 10, 1904. The Secretary, Dr. W. K. Mock, writes us that the last quarterly meeting in December was a grand success, full of enthusiasm and profitable to all who attended. The papers read were first class, and freely and ably discussed.

THE Northwestern Eclectic Medical Society of Ohio held a very interesting session, January 12, at Findlay. The President, W. N. Mundy, read an excellent paper on " Therapeutical Skepticism." Dr. A. M. Keyser, of McComb, read a paper on " Scarlatina." Some very inter-

esting clinics were presented. The next meeting will be at Findlay April 11. The officers are: President, W. N. Mundy, Forest; Vice-President, W. F. Lehr, Arlington; Secretary, J. J. Sutter, Bluffton; Treasurer, J. J. Martin, Bucyrus.

THE twenty-seventh annual meeting of the Wisconsin State Eclectic Medical Society will be held at Madison, May 24, 25 and 26. The following M. D.'s are its officers for 1903-4: President, A. E. Winter, Tomah; First Vice - President, M. B. Wood, Pittsville; Second Vice-President, K. C. Storlie, Coon Valley; Treasurer, J. F. Stillman, Walworth; Recording Secretary, J. V. Stevens, Jefferson; Corresponding Secretary, F. P. Klahr, Horicon. *Committees*: Legislative, S. F. Verbeck, J. V. Stevens, C. E. Quigg, F. P. Klahr; Necrology, H. B. Laflin, P. G. Hankwitz, E. A. Bass; Finance, C. E. Cole, N. L. Bailey, J. I. Esch; Arrangements, J. V. Stevens, E. S. Hull, A. B. Bailey; Publication, J. V. Stevens, N. F. Wetmore, R. H. Stetson; Resolutions, C. E. Quigg, R. H. Rice, J. H. Alexander; Censors, E. S. Hull, W. H. Hurlbut, C. C. Harris. *Section Officers*: Practice of Medicine—Chairman, C. E. Quigg, Tomah; Vice Chairman, W. H. Hurlbut, Elkhorn; Secretary, E. H. Rogers, Stevens Point. Obstetrics—Chairman, C. E. Cole, Prairie du Chien; Vice-Chairman, N. L. Bailey, Stizer; Secretary, G. H. Young, Elkhorn. Surgery—Chairman, J. W. Burns, Viola; Vice-Chairman, A. M. Purvis, Big Bend; Secretary, R. W. Edden, Janesville. *Materia Medica and Therapeutics*—Chairman, J. H. Alexander, Mukwonago; Vice - Chairman, H. G. Miller, La Crosse; Secretary, E. A. Bass, Montello. Paediatrics—Chairman, H. B. Laflin, La Crosse; Vice-Chairman, K. C. Storlie, Coon Valley; Secretary, W. S. Blunt, Waupun. Diseases of Women—Chairman, F. P. Klahr, Horicon; Vice-Chairman, G. R. Hill, Kendall; Secretary, M. H. Stetson, Lima Center. Eye, Ear, Nose and Throat—Chairman, C. E. Phillips, Wilton; Vice-Chairman, L. R. Abbott, Ontario; Secretary, A. A. Duclos, Kilbourn.

DIED.—Dr. C. S. Callihan, of Prestonburg, Ky., of angina pectoris, on November 14, 1903, aged sixty-five. His oldest son, W. R. Callihan, E. M. I., '03, has taken up his father's practice at Prestonburg, and another son, S. D. Callihan, who is now a senior student here, graduates in April, 1904. Dr. C. S. Callahan served the people in his community faithfully for forty-five years.

DR. A. B. WHITNEY, that staunch eclectic, of 216 West Seventy-ninth street, New York City, proposes that the Fort Davis idea, as set forth in a recent issue of the *GLEANER* by Dr. L. S. Downs, of Galveston, Texas, be taken up, an option on the place be secured for a year or six months, and that an Eclectic Physicians' Club be formed to purchase

it for a home for sick brothers. Wonder how it would do? Let everybody who has an idea write it to Dr. Downs.

WANTED, assistant physician. For particulars address, with stamp, Dr. D. J. Turner, Cheney, Wash.

DR. E. H. GREGG, formerly of Brandt, Ohio, has recently removed to Muncie, Ind., where, with Mr. T. L. Gregg, he will engage in the drug business, etc. The Doctor will continue to practice medicine.

DR. BERT COFFEY has recently removed from Andrews, Ind., to Andersonville, Ind.

DR. M. S. CANFIELD, of Frankfort, Ind., the eclectic member on the State Board, favored us with a copy of the fifth annual report of the Indiana Board of Medical Registration and Examination for the year ending December 21, 1902. It contains the usual proceedings of the board, the various questions used during that year, and the usual resume of the medical-practice acts of the various States, followed by accurate lists of registered physicians of the State by counties and school of practice, with date of graduation.

We were sorry to hear that Mr. Alexander Wilder had an attack of paraplegia last month. We are glad to hear that he is some better. Eclecticism cannot yet spare Alexander Wilder.

DR. M. L. DOOM, of Tacoma, Wash., writes us that there are numerous openings in Washington for eclectics. He will be glad to direct them. The Washington State meeting will be held in Tacoma, September 16, 1904. The society is in a flourishing condition. Two names of eclectics have been presented to the Governor, one of them to be appointed for the State Board of Medical Examiners. There is no eclectic member now.

FOR SALE.—Very cheap, 18-cell electric battery, made by McIntosh & Co., of Chicago. Sponges, wire, brush, everything goes with it; used only a little while. Address C. Hapner, 3950 Elsmere avenue, Norwood, O.

DR. G. F. SEVERS, E. M. I., '89, of Centerville, Iowa, was completely burned out June 9 last, with a loss of \$1,000. He has rebuilt, and doing a bigger and better business than ever before. The GLEANER congratulates him.

DR. J. T. WHEELER, E. M. I., '89, of Rockport, Ind, will be glad to introduce an energetic and thorough eclectic to a business that has been eclectic for more than thirty years. The right man will find it a bargain.

DR. H. C. SMITH, E. M. I., '99, writes us pleasantly from Florence, Neb. The fact that each year death seems to lessen his class by one or two disturbs him. For some reason the archangel has visited the boys of '99 frequently.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for *complete* price list of medical and surgical works.

Have just received an autographed copy of *Mariella of Out West*. Have not had time to read it yet, but I know it is good, for she writes no other kind. The best critics of the country have outdone themselves in their praises of this latest of the gifted author's novels. Would like to review it at more length, but must wait till I shall have read it. I specially value my copy of the book on account of the author's autograph.

C.

The Pathogenic Microbes, by M. Le Dr. P. Jousset, physician to the Hospital St. Jacques, Paris. Authorized translation by Horace P. Holmes, M. D.; 192 pages. Cloth, \$1.00. Postage, 8 cents. Philadelphia, Boericke & Tafel, 1903.

I have read this little work with unusual interest because it represents the best and latest affirmative thought on the subject. The author displaces some old conclusions, and bravely substitutes new and more plausible ones. He is a keen logician, but at times—under the stress of opposing exigencies—very narrowly escapes a form of casuistry. Strong and brilliant as the author is, the book will impress many as a "last-ditch" fight. For his argumentative ingenuity and literary elegance, he cannot be too highly praised. It will well repay any physician of any school to carefully study this latest exposition of serum-therapy conclusions.

C.

The Story of New Zealand, by Prof. Frank Parsons, the well-known writer and authority on law, economics and sociology; edited and published by C. F. Taylor M. D.; editor and publisher of the *Medical World*, and "Equity Series," 1520 Chestnut street, Philadelphia, Pa. Handsomely bound in cloth, fine, heavy paper, over 170 illustrations, many of which are full pages. 836+xxvi=360 pages; price \$3 net.

"The direct historic review occupies 500 pages, illuminated by more than 100 illustrations (there are over 170 pictures in the whole book) and grouped in 72 chapters. After this the principles involved in New Zealand's progress are gathered into one section, and the birthdays of progress tabulated. Then the principal services rendered by the People's Trust, Civic Fraternity, or Co-operative Industrio-political Combine called "The Government," are summarized, the conservative view of the Liberal

Movement is developed and prevalent misstatements and misapprehensions are cleared up."

I have quoted enough from the circular review to give the reader a partial idea of the scope and comprehensiveness of this great work. It is a book that should be closely studied by every patriotic citizen of the United States, for it would inspire him with a reformatory zeal that would express itself in all his public relationships, and it would make him one of the millions who would vote right in peoples' conventions, and at the polls. The book deserves pages of praise, but I have not the space. It is a noble work, and is shamefully cheap. Possess yourselves of this grand work, and you will never regret it. C.

Good Things—Old and New

LOCATION.—A \$2,500.00 *cash* practice is open, on account of ill health and age, to a *sober*, active eclectic physician, who can read, write and speak German fluently. One who understands how to compound medicines would succeed best. No property for sale, only office outfit, drugs and medicines. Value \$250.00 to \$350.00. A. Oppermann, M. D., Cordell, O. T.

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WANTED, by physician of sixteen years' experience, a good location in Ohio, Oklahoma Ter., or California. A small city of from two to five thousand preferred. Am able to buy if satisfactory. Address Dr. D., care MEDICAL GLEANER, 22 W. Seventh Street, Cincinnati, O. tf



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THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

MARCH, 1904.

No. 3.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER *regularly*, who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. *No pay* will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of *any* school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER. Cleves, Ohio.

EDITORIAL NOTES.

New subscriptions and encouraging letters continue to reach us daily. These are all a source of extreme satisfaction to the Editors. Fearlessness has been a part of our policy. We *never* stop to ask what effect will an expression of our ideas of right have upon the subscription list. The defense of the right as we see it has *always* been first, and to know that we are in full accord with so many physicians encourages us greatly. Our confidence in men and in medicine is made stronger. Should it so happen that our pens would soon be stilled we would feel very, very grateful for the occasion afforded in past utterances, in the creation of acquaintanceships and friendships that will never die. Truth, honesty, candor, practicality, fidelity, loyalty are some of the GLEANER'S watchwords. Who will give us—the Dollar?

SENATOR HANNA.

The country has sustained a great loss in the death of this great politician, and more or less able statesman. The uppermost question in thousands of minds is: Did he receive the most sensible medical treatment possible? Knowing, as we do, that among his physicians was one of the most prominent and authoritative in the land; and knowing that they earnestly and consciously exhausted their best skill in the case, it would seem only more presumptuous than cruel in any one to criticise them. But this is a free country and they will be criticised. Judging from the feeling in this community, two-thirds of the intelligent laity have jumped to the conclusion that "he was doctored to death." In this connection, it is pertinent to say that the aggregate deductions of *common sense* are not to be despised. They depend upon

the cool and sane application of that every-day logic without which life would be impossible.

From all I can gather, the main treatment relied upon—especially in the last days of the illustrious patient's illness—was stimulation. This is orthodox and will be defended by nine-tenths of the profession without great reference to schools. Personally, I object to stimulation. I do so because, if it is philosophically justified, I am incapable of seeing why it is so. If to stimulate is *not* more than "to borrow from the future," the worst that can be said about it is that it hastens inevitable death. The difference between the much-whipped, and the little or no-whipped, horse is that the much-whipped one not only makes a shorter journey, but has the whip-welts *added* to his sum of ills. The stimulated patient not only dies sooner (if he must die), in consequence of the *crowded* series of actions and reactions, but he has the drug wounds added to his sum of ills. If the case is one in which the patient naturally has a fighting chance, the wasteful deflection of vital energy consequent upon all these drug hurts will often make all the difference to him that there is between life and death. The trouble is, we are too apt to forget that, after all, it is Nature that does the curing.

From time immemorial, it has been the *feeling* amongst us all, that stimulants carry vitality into the system. The same feeling has existed, in a more accentuated form, in relation to "tonics." The fact is, of course, foods only are the carriers of vitality. Medicines, whether stimulating or not, always subtract vitality from the system. This is because their relation to the organism is foreign, not native.

If the secular press reports are trustworthy, Hanna got large doses of the most powerful and dangerous stimulants. Can any one on earth tell me what *curative* results the doctors expected to get from injecting nitro-glycerine into the circulation? Is it not plain that frequent small sups of hot diluted milk would have added vitality to that failing body, and done so without exacting a price? If the newspaper reports are correct, and my position is right, does it not look like the doctors failed to let Mr. Hanna get well? That is the way I shall feel until it is shown that my conclusions in regard to stimulation are wrong.

C.

VITALITY.

Vitality is life force. We do not inherit a certain definite amount of vitality to be drawn upon through life according to the system's needs. This theory is about always taught at our schools, but it is a false one and a dangerous one. I have not space here to show why it is dangerous, but it is. Any reflective physician can see why it is so. All *false* theories are more or less dangerous.

No two persons possess the same vital capacity, and no one person

possesses the same *amount* of vitality a minute at a time. If 100 represents the maximum vital possibility, not one in a 1000 represents in his organism that maximum possibility. Of course, even he runs it up to that point only occasionally.

Various distilleries have various whisky capacities. Some have a one-barrel, and some a hundred-barrel capacity. It is the same with reference to people: some can elaborate 10; some 20; some 50, and so on, of vitality.

When one is in health, he can elaborate enough vitality to run his system, and have a surplusage equal to the drafts demanded by his vocation, *provided* his vocation does not require more than his organism is capable of elaborating. Note that if his vital outlay exceeds his vital income, he is not exhausting his vital capital (for he has none), but is overtaxing his vitality-producing machinery.

When one is sick, his vital capacity varies with the degree of his illness. In mere malaise there is a vital surplusage to be reparatively applied, but later when the sickness becomes severe, Nature has to apply some of the vitality needed by normal systemic demands, to the repairing process. This is depletion, and if not stopped, death must follow. Therefore, the main thing for the doctor to do is to diminish the extra demand on the vitality-producing system as much as possible. He must wisely manipulate the patient's hygienic environment, and must especially abstain from treatment that involves vital waste, such as unindicated drugs, specially including stimulants. He must realize that the patient's chances for recovery depend upon his ability to elaborate vitality. The organism is tired, perhaps nearly exhausted. In the name of common sense and mercy, don't whip it, and don't further exhaust it by hypermedication. Give the one primarily indicated drug—reach for the cause. Secondary indications—shall you try to meet them simultaneously? Most physicians do, but I generally succeed in resisting that temptation. I do this in deference to the over-riding importance of conserving vital possibility, for I know that the possibility of recovery will depend upon the vital capacity of the system, and I know that all drugs reduce this capacity some—at least temporarily. C.

HEALTH BOARD FOOLISHNESS.

One of the results of bacteriology-gone-mad is sanitary lunacy. That about every disease is eagerly, mordaciously, savagely, relentlessly and hell-bently contagious, is bacteriologically undeniable. The atmosphere and every solid and every fluid is super-saturated with microbes which, if not already pathogenic in, are intense pathogenic expectancy. The slightest sign of the most diaphanous suspicion of the vaguest hint of a "morbid immanence" is all the saprophyte needs to instantly

become virulently diabolic. Phthisis is actively contagious, and the poor consumptive must be isolated. The proper thing is to segregate them in a consumption pest house. This is humane and civilized, but best of all it is medically philosophic and heavily weighted with common sense. True, there is not one case in a hundred which is not directly traceable to heredity (the germ theory contradicts heredity in tuberculosis); true, no doctor, living or dead, ever witnessed an instance in which one person ever "caught" consumption from another; true, it never has been and never will be proven that dust, laden with the dessicated sputum of consumptives, conveyed the disease, but what of all this? The germ theory requires it to be contagious, so, then, contagious it is.

It is becoming very clearly evident that pneumonia is contagious, as witness the statements to this effect of one or two very modern medical writers. Soon we will have to quarantine against this (allopathically) fatal disease. Where will it end, and how will it end? Now, every physician of every health board, and every other doctor who has the commonest kind of common sense, knows that if disease were one-twentieth as contagious as microbism requires it to be, in six months there would not be a doctor on the face of the earth, and only here and there a layman.

This contagious extremism has led to the enactment of a set of laws so stringently unreasonable, and so unreasonably stringent, that the co-interforce of lay horse sense has rendered them nugatory and inoperative. They are dead letters. An enforcement of the letter of the law relating to quarantine would bankrupt the wealthiest town in the United States. Not so long ago our health officer quarantined a couple of cases of diphtheria literally according to law. It cost the village nearly \$300.00, and did not prevent the spread of the disease. Three more cases occurred in the other end of the town, and they did not "catch" it from anybody. That "cooked" our council, and they readjusted civic relationships along this line. Now the houses are simply placarded and cautionary injunctions are left at the infected houses. Non-infected members of the household go and come according to the necessities of the situation. In smallpox more rigid precautions are taken, for it is possible for its contagion to be carried in the clothing. We know, of course, that it is very rarely so carried. It is at least theoretically possible to carry scarlatonal contagion in the clothing, but this almost never happens. No other disease of this latitude can be disseminated through the agency of fomites.

It must not be inferred from what I have said that I do not favor all rational methods of preventing the spread of contagious or non-contagious diseases. But I am sick of the martinettish antics of extreme

germists, and uncounted thousands of people are in sympathy with me in this matter.

C.

THE *Medical Age* says: "The vital statistics for the year 1903 show 9,260 deaths from pneumonia, 13 per cent. of the total mortality, and 7,570 deaths from tuberculosis, in New York City." This is certainly a sad showing for advanced medical science. Every practitioner of medicine should stop and think before treating another case of pneumonia. We believe coal tar antipyretics, heart stimulants of various kinds, and other fad practices are responsible. The result is a disgrace to medicine.

B

IN this issue Dr. R. V. Dickey, E. M. I. '99, of Lima, O., issues a call for a response from the "boys of '99" as to whether they will meet in St. Louis at the National as they did at Indianapolis last year. We have heard from several of them and they all intend to go. One wrote us that he would walk, rather than miss it, and that he would go even if he should be obliged to have the eagles carry him. There is no more auspicious or propitious time for these class reunions than at the National. It was the "boys" at Indianapolis that made that meeting the best. They enjoyed it; the older men took courage, were enthused with the promise of succor and support that bids fair to come to the National from the "boys." Let every E. M. I. class secretary obtain a class list and begin today to work up an enthusiastic delegation to St. Louis. Let class and college and school spirit stir the breast of every young eclectic to the resolution to be there and have a good time. The badge of '99 in purple and gold, as worn last year, we keep as a memento of bigger and better things. Hurrah for the "boys!" We will be glad to see them, and to shake the hand of every mother's son of them at St. Louis in June.

B.

SERUM-THERAPY.—Dr. E. E. Montgomery, in *American Medicine*, of November 7, 1903, in speaking of the treatment of puerperal sepsis and the sapremia of infection, says: "the first indication is to empty the uterus and vagina of all decomposing material and to disinfect all the genital tract as well as possible." In speaking of treatment, he says: "The serum treatment has been recommended. The author has lost all faith in the efficacy of such treatment."

So it is; you see faithlessness in serum therapy cropping out more and more every day in the medical journals. Though it may be now among the lesser lights of medicine, it can not always be so. At this time the greater ones are still under the spell and subjection of the serum producers. The time is coming and soon when a monument will have been erected to serum-therapy similar to that which marks some other vagaries and fads. We need not name them.

B.

THINK of it! The deaths in Chicago from pneumonia for the week ending February 21 was 170! The same disease, according to the Michigan Monthly Bulletin of Vital Statistics for January, 1904, destroyed 412 out of a total from all causes in January. Talk about plagues! When a disease is responsible for more than one out of every eight deaths, it comes very near being a plague. The question will not down: Is it the disease, or the doctor that is so deadly?

We see in the same issue of the above publication that last year, in Michigan, there were 2,843 deaths from pneumonia, and 2,907 in 1902, a death rate of 118 and 114.6 per 100,000 people. The highest mortality was February, 1903, with a rate of 194.2. The month of least mortality was July, with a rate of 39 per 100,000 people. Tuberculosis, all forms, destroyed 2,482 people in 1903; the pulmonary type 2,105. B.

IT may be well for physicians and health authorities to talk loud and learnedly, to issue "scare" notices, etc., about that dread disorder that is so rapidly depopulating the country. We refer to *typhoid fever*. You know such procedures tend to keep the attention of the people off of that greater *pestilence*—pneumonia, and the way "*the physicians*" handle it. It slays its tens of thousands for about six months in the year, while typhoid fever destroys its thousands for about three or four months.

The *Michigan Monthly Bulletin of Vital Statistics* for December last is a noticeable example of the above referred to clouding of the horizon to hide the greater evil, and the making very prominent of the lesser. It reports for the month of December, in the state of Michigan, 2,942 deaths from all causes. And of this number 376 were due to pneumonia, or nearly 13 per cent. From typhoid fever there died 48, or not quite 2 per cent., and yet the greater part of the Bulletin, outside of statistical and other State matters, is filled by a lingo upon typhoid fever. Why does it not help to overcome that six-time deadlier foe by suggestions to physicians and the people? The "great white plague," consumption of the lungs, is credited with 158 victims. This is certainly a case of overlooking the ninety and nine for the one. Pneumonia should not be a deadlier disease than typhoid. Treatment kills! B.

WE note in this issue a paper read at the Michigan State Medical Society, at Detroit, June 11-12, 1903, and reprint from *The Dietetic and Hygienic Gazette*, Aug., '03, upon Flatulence, Meteorism and Tympanites. Throughout it is a very scientific paper, showing that the author, Dr. Chas. D. Aaron, of Detroit, Mich., the noted specialist and professor of gastro-enterology, dietetics, etc., is thoroughly familiar with the subject in all of its bearings, except that essential one—the treatment by drugs.

Like all men of his school he seems never to have heard of some of the very best remedies, or at least he fails to mention them. He says "Exciting peristalsis assists in the elimination of gas, and this may be done by cathartics." The first assertion of the couplet is exactly right; the second carries much that is wrong, little that is right. Cathartics may remove gas temporarily; but usually they add to the cause of its production and accumulation. A stomach of normal strength does not permit fermentation and gas production. Let it get below par, become exhausted, depraved, and fermentation takes the place of digestion and glandular inactivity follows: stagnation displaces peristalsis. The indications for sensible treatment are two—*gland stimulation and increased (or restored) peristalsis*. The irritating cathartic (and there are no others), only *temporarily* brings results in the latter indication, and the exhausted or depressed digestive tract in its efforts to rid itself of this added irritation, is driven further into the "slough of despond," as it were, and greater depression, or exhaustion follows, plus more meteorism.

While an occasional laxative may be demanded in the extremely constipated (then only of the mildest type and for temporary relief), the cases that demand *physic* are few. Besides, they are easily selected and they may not be constipated at all. On the other hand they may have more or less of a diarrhea—a physiological diarrhea—through which nature is trying her best to rid the prima via of the offensive (gas-producing), undigested, or indigestible material. Give the case with a broad, full tongue, dirty, heavily coated at the base, a physic and you help nature. But, give the case with a narrow pointed tongue, with red tip and edges, and you add to the woes already present. A distinction should be made between cases, because there is a difference between individuals. No two people, nor no two stomachs being just alike.

This is the way we look toward the relief of flatulency. In the greatest number of cases specific colocynth in minute dose will prove a relief, and if continued sufficiently long, it will cure. Given a case in which, owing to the accumulation of gas there is spasmodic constricting, cutting pain in the bowels, with more or less tortina and tenesmus or straining at stool and colocynth is *the* remedy. But, it *must* be given in very small doses, say one drop of the specific medicine to four fluid ounces of water, and a teaspoonful of the mixture given every one to three hours. Do not give large doses or you will get large dose effects, effects the opposite of those you desire, and very similar in their disturbance to those symptoms of which the patient already complains. The small dose of colocynth is tonic, alterative, antispasmodic, anti-fermentative and even cholagogue and cathartic. It increases peristalsis and prevents fermentation. It stimulates glands and increases the nat-

ural digestive secretions, etc. Diarrhoea or dysentery is no contra-indication. It is frequently the remedy for either of them.

The next remedy demanded in frequency (if it should not have first place) is specific *nux vomica*, *the remedy for atony*. And what are the expressions of atony? The tongue is broad and pale, not coated, marks or indentations are upon its sides where it lies in contact with the teeth; there is a pallor or yellowness of the skin and about the mouth, with perhaps a feeling of nausea, or even vomiting; there is impairment of innervation—asthenia; if there be pain it is colicky; it points toward the umbilicus; it is abdominal or gastric. The liver may be inactive; there may be diarrhea or constipation. But *nux* is the remedy. Use in *small dose*, say from five to seven drops of the specific medicine to four ounces of water; a teaspoonful of the mixture every two to four hours. Sometimes when a pure stimulant is needed, *capsicum* may be given with, or in alteration with the *nux*, or with the *colocynth*. It adds fire, or serves as kindling, and helps overcome the atony, and is worthy of study.

Then there is that condition when the tongue is *red and clean*, showing hyperalkalinity. While *nux* or *colocynth* might not do much harm, they are not needed in this case at this stage. They frequently do well later. *Capsicum* here adds to the unpleasantness. The indication is plain; hyperalkalinity is overcome or counteracted by acids. There are three or four acids that have very great medicinal qualities: *Muriatic*, *sulphuric*, *phosphoric*, *nitric*. Each a study. Each has its place and use. The *muriatic* condition or indication is met most frequently. When the condition presents, the remedy never fails. Meteorism or flatulency may be present when there is irritation of the mucous membranes, with increased blood supply. In this case the remedies mentioned are not to be given. There may be vomiting, diarrhea, dysentery, constipation, nausea. There is a *narrow and elongated tongue*; *its tip and edges are red*; there is distress, and the remedy is specific *ipecac*. It, like the others, must be used in very small doses. Six or eight drops of the specific medicine added to four fluid ounces of water, a teaspoonful of the mixture every two to four hours is ample.

We might particularize in this way upon a dozen or more different remedies, each of which is a "host" in the treatment of flatulency, when given according to the demands and indications of the case presenting, but time and space forbid. We would not close, however, without mentioning this other fact that many, many cases are due to reflex effects. When this is true, the treatment must keep the *cause* in view. No treatment of flatulence of itself will do unless it be the most prominent symptom in a series consequent upon digestive wrongs. B.

In the January 30, 1974 issue of *The Journal of the American Medical Association* may be found a most interesting paper upon *The Control of Prostitution, and the Prevention of the Spread of Venereal Diseases*, by Prof. M. L. Heidingsfeld, M. D., of this city. We would be glad, had we the space, to reproduce it in toto. A greater pleasure to us, would be the assurance that it would come to the critical and thoughtful attention of every virtue-loving citizen of Cincinnati; to every one who cherishes within his breast a sense of right and justice; to every one who would lend a helping hand to the oppressed—and to the opposite, the one who is always free to excuse the man, and punish the woman; to every public officer and politician in the city and especially, we hope to the Department of Health, under whose immediate supervision this unjust and damnable mulcting of blood-money from the harlots of the city directly comes. As a part of the graftor's great field, for Heaven's sake let it be abandoned, and let him reap his harvest, if it must be reaped, from other parts and people.

Dr. Heidingsfeld proves, as has been proven many times before, in other many cities, that attempts to control the social evil by registration, police surveillance and periodic so called examinations, do not lessen either venereal disease, or prostitution, in this city, as it has not done elsewhere, notably in Vienna, Rome, Bonn, etc., where it has been tried. The plan is condemned and decried by some of the best physicians and venereal specialists of the world, who have made it and the problems connected therewith a special study, notably Niesser of Brussels, Blaschko of Berlin, Valentine of New York, etc.

He proves, not only the utter impotency and futility of the examination-certificate plan, as carried on in this city, but the greater and grosser evils that are induced by it. It gives vice a licensed recognition; if it suppresses a dozen public brothels it opens a hundred private "rooms;" it spreads clandestine prostitutes to every quarter—as in Paris—while under control, etc., there are 4700 prostitutes controlled, and 10,000 clandestines; that the clandestine and the street solicitor do a thousand times more harm than the woman in a public house.

He asserts, that the license-certificate, posted in every room, deprives venery of its greatest restraint—*fear of contagion*; that this certificate or license must, according to Blaschko, Jaddarsohn, Neisser, most eminent authorities, be based upon deception and fraud—as when once the gonococcus has once passed the cervix, the disease is incurable, and the woman must always be thereafter a source of constant danger. The certificate that says "we find this woman free from venereal and contagious disease," under such circumstances, is criminal. The issuing of such certificates, as set forth by Dr. Heidingsfeld, to those lewd women who advertise openly and conduct "massage and manicure

parlors" places a ten-fold additional premium upon vice, and digs deeper and wider ditches in which to catch the unwary and innocent, and gives to the harlot greater privileges and greater secrecy. This system opens the door to blackmail—to a thousand wrongs, that might be mentioned. And after all is said and done, what constitutional or legal right has this city, or any other, to levy this weekly examination tax upon these women? Who gives anybody the power to take them unwillingly, bodily to a hospital where they may be abused, or worse, to the work-house, where the additional degradation may drive them to greater despair and to greater crimes? The rights of these women, who are not alone responsible for their state in life and their social condition, are abused—no other word will do—by the powers. To protect their liberty, their business, etc., they evade examinations, they conceal various and sundry venereal ills. The "landlady" helps them to do so, while at the same time she jollies with business, direct and indirect, and in every other way possible, the good examiner, that she may not be deprived by his decision of her income, through her hired harlots. It is a question of living or starving with them, not a question as to who will be contaminated. Who blames them? Put yourself in her place. The system is wrong, its administration is wrong, and in our opinion no city, society, government or man can prosper upon such blood money. B.

THE TAMARIND (Indian Date).

JOHN URI LLOYD, Phar. M.

La Paz, Lower California, is situated on the Peninsula, near its extremity. Here ice, snow and frost are practically unknown, and here meet the vegetable products of the temperate zone and the tropics. Among the trees new and strange to one reared in the North, familiar, however, by name as yielding a medicinal fruit, is the Tamarind, which here thrives in the open air without any care whatever. It attracted my attention very soon as a door yard and park tree, but not until I had investigated it more carefully did I determine it to be the tree which yields the fruit familiar from my earliest apprenticeship in pharmacy.

The Tamarind tree, as found in and about La Paz, is about as large as a medium sized Honey Locust, resembling it so nearly in leaf as to at once remind one of that familiar northern tree. In addition, it bears a pod which, however, resembles the "honey shuck" only in that it is a pod, for it is chubby, short and greenish brown, as found at this date, nearly mature on the tree.

This pod is the Tamarind fruit, and yields "Tamarinds" as found in commerce. In size, the Tamarind pod is from one to four inches

long, about an inch wide, and one-half inch thick. It is green, but covered with a nut brown scale which easily rubs off, exposing the green bean. Bisected, we find a pulp covered with a thin shell, which encloses the seed. The varying number of seeds, from one to four, governs the length of the pod. All parts of this pod are sour, and the leaf of the tree is also sour to the taste. When the pod ripens, the pulp enclosing the seed shrinks from the brown shell, which is easily removed.

The natives keep the ripe pod from season to season, and, as required, make a refreshing drink by steeping the pulp in cold water, having first removed the shell. This tamarind drink is not only used as a beverage, but is highly valued in fevers, after the manner this fruit is employed in America.

When tamarinds are exported they are deprived of their shells, the massed pulp containing the seeds being pressed into barrels or other convenient containers. Thus tamarinds appear in commerce.

La Paz, Mexico, February 10, 1904.

CHRONIC SUPPURATIVE OTITIS.*

By C. A. MOORE, M. D., Youngstown, Ohio.

The most frequent cause for the existence of chronic middle ear suppuration is the transformation of an acute suppuration into one of chronicity; however, this chronicity may be induced. The various ways by which this may be induced are as follows:

1. By neglect of, or inappropriate treatment of the acute stage. This form of chronic suppuration usually responds readily to judiciously applied local treatment.

2. Through the existence of certain types of constitutional invasions that exist, an unfavorable influence is made upon local lesions. Such constitutional conditions are scrofula, tuberculosis, syphilis, anemia and marasmus.

3. Through the occurrence of acute infectious diseases, as scarlet fever, measles, diphtheria and typhoid fever.

4. The virulence of the infection and the character of the bacilli present.

5. The acute invasion of the attic is very prone to terminate in chronicity.

6. Through local changes within nasal and nasopharyngeal cavity.

I deem it unnecessary to take up time of this Society to further describe this disease, its causes, etc., for you all, no doubt, have seen a

*Read at the December Meeting of the Northeastern Ohio Eclectic Medical Society.

number of cases that are so afflicted. Perhaps more than you have wished to see.

A discharge from the ear is quite a common thing to meet with in a general practice. But it is not always the easiest disease to cure, though in the majority of cases the prognosis can be said to be favorable.

To properly treat these cases there are a few instruments that are necessary. They are as follows: a good head mirror; a set of ear speculums, a large ear syringe, and a pus basin, a Politzer air bag with nozzle, or what is better, a vapor nebulizing outfit, and a few cotton applicators of small size will be about all the necessary instruments.

If we find the external auditory canal filled with pus, it can be most easily cleansed by instilling a quantity of peroxide of hydrogen into it, and then syringing it out well with warm water. Then inflate the middle ear through the Eustachian tube, with the Politzer method, or with the vapor nebulizer, and thoroughly dry the canal with absorbent cotton and applicator. Or, it can be cleansed by what is often the better way, that is by the dry method: wipe it out with the cotton and applicator. It is usually better done, I think, by using a little peroxide of hydrogen. Now, after this is done, if there be no complications (which will not be taken up at this time), with a good powder blower, inflate a small quantity of one of the following antiseptic finely-powdered powders, campho-phenique, boro-chloreton, boric acid, aristol or iodol. There are many other combinations and compounds that are just as good, no doubt.

This treatment should not be left to the patient himself, nor to his friends; but it should be done by the physician himself, for on the thoroughness of it depends the cure. It should be done at least once a day, or oftener, while the discharge is great.

In the successful treatment of chronic suppuration of the ear, we must look after the constitutional cause, or complications, whichever it happens to be. Our object in this part of the treatment shoud be to build up the system by proper tonics and alteratives. If any specific disease be present our systemic treatment must be especially prescribed for it.

If there be any catarrh present, nasal, post-nasal, or pharyngeal, or any abnormal enlargement of turbinates that obstruct the free passage of air to the Eustachian tube, it should be looked after and be treated, especially the pharyngeal catarrh. This is best done and with better results for the ear disease, by swabbing out the vault of the pharynx every other day with the following formula: Iodine gr. 20, iodide of potash gr. 30, glycerine q. s. oz. 4. This with the properly curved applicator should be well applied to the vault of the pharynx.

In treating these ear troubles we should bear in mind that they are

a source of much danger to those afflicted, and by complications, or the metastasis of the disease into the mastoid region, there is always great danger, and this is true so long as the suppuration, especially if it be of a purulent nature, continues. Many lives lost from this disease, to say nothing of the frequent loss of hearing.

To treat this subject fully, its complications, etc., would require quite a large volume, so I have only written these few facts, enough, I hope, to bring it before this Society for discussion.

DYNAMYNE.

JOHN W. BURNS, M. D., LaCrosse, Wis.

The above designation was given by the late Dr. A. J. Howe to a medicine prepared by Professor J. U. Lloyd, from tobacco, to be used as a local anodyne. It is used as one of the constituents of Libradol. It is a liquid of greenish color and, as may be supposed, contains a large proportion of nicotine. It possesses in a high degree the power of subduing inflammation where it may be topically applied; and is applicable, therefore, to a long list of superficial inflammations, and in a degree to those more deeply seated. As, however, it is intensely poisonous, it can be used only on the unabraded skin, or when considerably diluted, upon mucous surfaces, else nausea, vomiting and tobacco-sickness are likely to ensue.

We will enumerate the lesions in which this drug is useful or curative. A pledget of cotton or lint, saturated with it and applied to a forming furuncle will abort it if pus be not already formed. When successive crops of boils occur the remedy will prove a veritable "Job's Comforter," while acetate of potassium, sulphide of calcium or other indicated agent will remove the morbid matter in a more pleasant way.

Abcesses, likewise, if the remedy be early applied, will yield under its influence like snow before an April sun.

How with genuine carbuncle? Here again it will modify the severity of the lesion, and if continuously applied will almost wholly subdue the inflammatory process.

Chilblains, that "doctors never can cure," are healed by dynamyne in a single night. Wet the stockings with it where they come in contact with the parts affected, and keep them on in bed.

The pains of synovitis and rheumatic joints are relieved by it in a marked degree in five or ten minutes. Bites and stings of insects are quickly cured. The itching and boiling of urticaria will be removed by it in a few moments. Headache sometimes will be relieved by applying

it to the scalp. Neuritis will be rendered more durable by applying it along the course of the affected nerve.

The beneficial effects of dynamyne will extend to organs quite deeply located. In inflamed and painful bowels a piece of cotton cloth saturated with it and laid over the region of suffering will give relief for hours. I have applied it thus in full strength over fifty or sixty square inches of surface and witnessed no ill effects.

Glandular swelling, whether of the lymphatic or mammae, will be readily subdued, suppuration prevented and resolution promoted. Felons will be abated, if it be applied early, and the pain will be mitigated in any case.

Hernia, when strangulated, will be rendered less painful, the inflammatory processes held in check, and a condition favorable to the return of the bowel will be induced. Cloths or lint should be saturated with the liquid and placed on the hernial tumor.

There are many other uses for this agent, but it is not necessary to enumerate them. The few already set forth will serve to suggest where it may be employed to the greatest advantage. Libradol for extensive local inflammation is as serviceable and much safer.—*The Chicago Medical Times.*

SOME GOOD ECLECTIC REMEDIES.*

GEORGE W. HOMSHER, M. D., Camden, Ohio.

Many physicians, in a practice extending over a quarter of a century of active work, and who have been close observers, have learned the positive effect of many drugs. The knowledge they seldom make known. They never write articles for medical journals. This I have found to be the case, in conversation with physicians from whom I have gained valuable knowledge, in the action of old and discarded remedies, which our forefathers used successfully, and have passed from father to son as family relics. But in this day of specifics, they are coming to the front with positive remedies for positive conditions. My idea is to re-write the *Materia Medica*, and before doing so, to open a correspondence with old and experienced physicians. Let them state their knowledge in their own language. In this manner the specific action of every drug may become known. In an article published, I think, in the *E. M. Journal*, on podophyllin as a specific in dysentery, cholera infantum and chronic diarrhea, the dose seemed large, one-fourth of a grain, repeated every one to three hours. I know that my father treated all his cases with one-eighth to one-fourth grain, repeated every one to three hours.

*Reprinted from the National Transactions.

until three or four doses were taken. This insured a thorough action of the bowels, and was followed by such treatment as the case required, generally astringents and tonics. During the fall of fifty and fifty-eight, when dysentery prevailed as an epidemic in this part of the country, he gained quite a reputation in the treatment of the prevailing disease. I could never work my courage to a degree of confidence to administer it in such doses in all cases. I have given it in some hopeless cases with excellent results, and have thought I would continue administering it in all cases, but failed to do so. But in desperate cases I would not hesitate to give it. I will mention a few remedies that I have relied upon for the past twenty-five years, and have no reasons to regret such prescribing.

Spec. med. achillea (yarrow) in leucorrhea, twenty drops every four hours. Specific med. achillea, 2 oz.; glycerine, 4 oz. Apply with cotton pledges to the os and vagina.

The expressed juice is a positive antidote to *rhus* toxic poison. It will cure the most obstinate case in from forty-eight to seventy-eight hours. I order them to bruise the plant and rub over the parts three or four times a day; the itching and burning soon subsides, and the blebs dry quickly. I generally administer aconite ten drops, belladonna ten drops, water four ounces; teaspoonful every three or four hours, to overcome the toxic effects of the *rhus* upon the nervous system.

Atropine sulph. one grain, water one-half ounce. This I have used successfully for more than twenty-five years, in the cure and controlling of ear-ache. Drop into the ear two or three drops, warm, repeat in an hour if required, which will seldom be the case. Do not fail to use it in your next case.

Uva Ursi. This drug I prefer to ergot, whenever ergot is required. It does not produce clonic contraction as ergot. It is safe and efficient. *Uva ursa* leaves one-half ounce, boiling water eight ounces. Of this infusion one to two ounces every half hour until the desired effect is produced.

Spec. med., teaspoonful in hot water.

Egg Oil. This is a remedy for cracked nipples, or eczema of the nipples. I sometimes add one part oil of juglands to two parts of egg oil. To insure against trouble, after confinement, I give the lady a small vial, and order it applied morning and evening, for a week or more before confinement, and continue the same for two or three weeks afterwards.

Spec. med. viburnum prunifolium. Cramps of the limbs, varicose veins, and rheumatism. I could give the history of a hundred or more cases that have been cured by this drug alone, dose ten to twenty drops, four times a day.

Stramonium. Expressed juice with vaseline; use with friction to

bald heads, and see how it promotes the growth of the hair. This will give better satisfaction than any hair restorer.

Nitro glycerine, 1-200 granule, colchicum seed, 1-37 granule, one each every fifteen to thirty minutes until relieved. If you use the specific nitro glycerine, ten drops; colchicum, fifteen drops; teaspoonful every ten to twenty minutes. This will relieve and cure angina pectoris.

Chloride of gold, et sodi, one grain, water four ounces, teaspoonful four times a day, will relieve puritus ani.

Castile soap four ounces, whiskey Oj. I dissolve the soap thoroughly and apply three times a day. With this I never fail to cure tenia capitis.

Sulphite of soda, saturated solution, use freely in eczema of the face and hands.

Spec. med. cannabis indica, belladonna, aa. two ounces, dose two drops every three hours. In spermatorrhea it acts promptly, relieving the dull headache, vertigo, nervousness, and calms excitability; a true tonic for the sympathetic nervous system.

Chloride of ammonia, one-half once, simple elixir, four ounces, teaspoonful in a wine glass of water three times a day. I depend upon this in all prostatic enlargements. The result will not be disappointing if you will only continue the remedy for not less than two or three months. A gentleman just stepped into the office while I was writing this, whom I treated a year ago, that had passed through several physicians' hands. He had suffered intensely from enlarged prostate and hemorrhage of the bladder for three or four years, and was compelled to use a catheter whenever he passed his urine. Three months of the above treatment entirely cured him. He tells me he has had no difficulty in urinating and has not used a catheter since taking that "strong solution of salt and sugar."

Rhubarb pulv. fifteen grains, boracic acid five grains, boiling water two ounces. Inject into the rectum morning and evening, and retain as long as it is possible. This is a specific for thread worm. I never fail to eradicate them, and put an end to the annoyance that these pestiferous worms create. It should be used every day for at least fourteen days, to be sure that the new army does not take the place of the old colony.

White Holly Hock. A decoction of the flowers taken in half a wine glass dose three times a day, and used as an injection will cure the most obstinate case of leucorrhea. This is the remedy Dr. Robert Homsher used successfully for forty years. It was his one remedy in the treatment of this disease. Another remedy he used with much confidence and success is a small plant called "Hen and Chickens." He would bruise and express the juice, and add just enough alcohol to preserve it;

dose three to four drops every fifteen to twenty minutes in infantile convulsions. I have used it of late years with good results.

While speaking of domestic medicines, I wish to call attention to wood ashes. Wood ashes and wheaten flour a. a. parts, warm water sufficient to form a poultice. A gentleman was brought to my office whose foot and limb to the knee were badly swollen from the effects of a tobacco spear falling and piercing the foot, some three days previous. The pain was continuous and severe, foot and limb tender to touch. After opening the wound I ordered a poultice of the above large enough to cover the whole foot, requested the case to be reported next day. I did not hear from the party for three days, when he reported in person, and was able to walk with the aid of a cane; tenderness and swelling removed; sleeps and eats well; considers himself fortunate, and surprised with the results. I could relate case after case of puncture, inflicted by rusty nails, spikes, barrel hoops, etc., that I have treated with the above to the perfect satisfaction of the patient and myself. Peach tree leaves, bruised and applied, is claimed by some to prevent tetanus following in accidents of this character, but the results have not proved satisfactory in my hands.

Scrophularia Nodosa, Fig Wort, Spec. med. teaspoonful in a little hot water every one or two hours. A specific in suppressed lochia. My father, Dr. R. Homsher, informed me, in his practice of fifty years he never met a failure. He used a decoction and gave freely until the lochia was fully re-established, then a wine glass two or three times a day for a few days.

Xanthium Spinosum, Cockle Burr. I gather the matured leaves and small, tender stems, bruise and cover with strong alcohol. Of this, 10 to 20 drops three to six times a day. In diseases of the kidneys or urinary organs, where there is a deposit of urates, uric acid, and in cystitis of women I use it in conjunction with *allium cepa* a. a. one ounce; dose 20 to 40 drops four or five times a day. An elderly lady imparted to me the value of this formula in 1870, for the cure of "gravel" (as she classed all diseases of the bladder). Since that time I have constantly had on my office shelf from one to two pounds of each. When I prescribe this I do it with explicit confidence that the patient will be relieved, if not permanently cured. Messrs. Lloyd Brothers have placed them on the market. What I have prescribed fills the bill.

Passiflora. For teething children there is no drug that will so control the nervous lesions from which so many suffer. I give 5 to 10 drops two or three times a day to soothe the aching, tender gums. I have the mother apply it several times a day with the finger, rubbing the gums thoroughly.—*The Chicago Medical Times.*

ECHINACEA IN PYEMIA.

S. E. SANDERSON, M. D., Minneapolis, Minn.

On June 9th, 1903, I was called some ten miles out in the country to see James Hergina, a Bohemian boy fourteen years of age. He had been confined in bed for ten days with great swelling of the left leg, the swelling extending to his groin. The left arm was enormously large from the tips of his fingers to his shoulder. Three of his toes had commenced to slough. His abdomen was very much bloated and hard. He was constipated and passed urine with considerable pain. The temperature was 104.

I could get no history of the case, as his parents understood English but very little, but they insisted that the boy had received no injury whatsoever. I diagnosed the case as "Spontaneous Pyemia" and gave the prognosis as surely unfavorable.

After some begging I was allowed to make an incision in his left knee, the most swollen part of his body, with the result that a tremendous amount of pus escaped. This gave the parents confidence, and they asked me to do what I thought best. I made incisions in his left arm and shoulder, when more than a pint of pus was evacuated. I saw him again the next day, in consultation with Dr. Thordarson, who confirmed my diagnosis and also my prognosis.

Upon the suggestion of my son, E. T. Sanderson, now a student at Bennett Medical College, I put him on echinacea, ten drops in a little water every two hours, and I applied it externally also by dipping gauze in echinacea and warm water and wrapping the affected parts with it. I saw him on June 13th, and was surprised to find him not only alive, but showing marked improvement. I saw him every day for nine days. On the nineteenth day he sat up in bed. I amputated three of his toes, and he made a good recovery, and was a surprise to all who saw him. No medicine of any kind was used but Lloyd's echinacea, from my first visit to the last call. I have written this thinking perhaps that some of my brother practitioners may at some time have a similar case, when I advise that they give echinacea a trial.—*The Chicago Medical Times.*

DRUG THERAPEUTICS.—To decry the usefulness of drugs in disease is to utterly ignore the experience of centuries, and to waft aside all the clinical observations, records, and findings of erudite minds the civilized world over.

If one thing more positive than another has been found in this world of mutable affairs it is that a strong dependableness can be

attached to the action of certain drugs upon certain diseases under reasonably favorable conditions. It may be even said that so positive is this action of a given drug upon a given disease that such action will occur even in spite of favorable conditions—that it can be forced even under the opposition of nature's laws that seem to govern.

A late writer along this line pertinently says: "Mercury and potassium iodide have shorn syphilis of some of its most grawsome consequences; quinine has proved itself the effective foe of malaria; digitalis has brought many cardiac diseases within the compass of curability; opium has robbed pain of its greatest terrors; and iron has given us the control of several varieties of anemia. These are but a few of the instances that might be quoted to indicate the unchangeable value of drugs in the progress of the healing art."

It is to be admitted that many times the earnest medical follower sees only defeat in his efforts, and is constrained to grow heartsick at the inefficiency of his power in a particular case. He perhaps forgets for the time that while this science he advocates and reasonably well understands has forces that may be individualized—applied to the individual directly for his benefit, there are at the same time individual limitations, some of which are but vaguely comprehended. In other words, while it may be appreciated that digitalis, iron or quinine possess certain well-defined general effects upon pathological conditions, this is largely general, and there is still further a personal equation that in a proportion of cases arises to assert the rule by presenting an exception.

Nine out of ten cases will respond to a definite line of treatment, but the tenth rebels. It is so even in so positive a disease and drug antidote as syphilis and potassium iodide; it is so in diphtheria and its antitoxin.

This element of variation is a large stumbling block to the unthinking and unreasonable mind; it throws many an otherwise balanced man off the track, and soon favors a hesitancy and then a despair that gives way to "therapeutic nihilism."

The thoughtful man—the one who plods right along with philosophy enough to realize that "as soon as a man is born he begins to die"—knows that there is a law of limitations and in most things a law of variation, and he keeps these ideas well before him. He is satisfied to bring about a good average result while seeking the ideal.

This is the normal sum of human endeavor, and is always, of course, consistent with the scientific development of men and means.

There is no need for discouragement in drug therapeutics.—*Clinical Review.*

The paroxysms of whooping cough are relieved by pulling the lower jaw downward and forward.

THE DANGER OF COAL-TAR DEPRESSANTS—"Influenza killed its thousands, and the coal-tar products their ten thousands," said a great clinician after the first influenza epidemic. In looking about for the cause of the terrific mortality from pneumonia, which has been shocking the medical profession during the last two or three months, many physicians think it is to be found in the indiscriminate use and abuse of the coal-tar antipyretics. It is superfluous to dilate here upon the fact that the use of headache powders—practically all of which contain acetanilid, a true tissue poison—has reached enormous proportions. For the slightest headache, be it due to nervousness, eye-strain, a cold, constipation or indigestion, the public has gotten in the habit of taking headache powders. This frequent use of heart depressants has a pernicious, even if not immediately noticeable, effect upon the heart, and when a disease like pneumonia, in which the heart's resistance is tried to the utmost, makes its unwelcome appearance, it is no wonder that the heart proves unequal to the task, and fails. Hence the shocking mortality from pneumonia.—*Merck's Archives*.

A PRESENT DUTY.—The duty now in mind is that of supporting the medical institutions with which we affiliate—the college, the hospital, the dispensary, the Journal, the State Society, the clinical club—whatever it may be that stands for medical truth as we see it.

Now it is obvious that every practitioner is materially helped by the maintenance of every properly conducted hospital or medical society, or other such institution. They attract the notice of the public to our method of treatment, it is investigated and very often tested by employing some physician who practices it. He may never know why he was called to that particular case; but, on the other hand, he may discover that it was due to the publication in the daily press of the proceedings of a medical society or the report of a hospital, or the successful treatment of a case therein, or the address at the commencement exercises of a college, or the perusal of an article in a medical journal, picked up in a leisure moment.

Now, every honest man will own that it is not fair to owe a debt and not pay it. The only manner in which such indebtedness as this can be paid, is through the aid and comfort that each physician can give to the institution, journal or society through personal service or financial assistance, or both.

Personal service is by far the more important, because if the service of all the physicians in any community could be united with the object of improving its medical institutions, their usefulness and mutual helpfulness would be immensely increased. Our debt would then be paid.

Too often the institutions are left to the devoted but inadequate service of a small number of physicians, who, unable to properly perform these duties, give them up in despair, or else struggle along as best they may, subjected to the criticisms of those who look on but do not help, or else they sink under the great burden thrust upon their shoulders by their unhelpful brothers.

It is not pertinent for those who stand aloof to say that affairs are not conducted to their liking or in accord with their ideas, and therefore they will not assist. *If they are not conducted properly, join in and make a change!* Such additions to the ranks will be gladly welcomed by those who have borne the heat and burden of the day. In all enterprises much more good is done by inside service than by outside criticism.

Suppose we all decide to make a fresh start. Let us all join in with every well-considered movement aimed to advance medical truth as we see it, and give all the personal service in our power to the cause. We would be extremely surprised to discover what wonderful successes lie before us if we can unite our forces. A small number of earnest people united to accomplish some good object *can succeed*. It is the old parable of the bundle of sticks: "United, we stand; divided, we fall."

If, in any community, the prospects of homœopathy are not bright, rest assured it is on account of the failure to recognize and act upon this principle—unity and harmony. The law of similars is based upon immutable truth, and truth will prevail if properly presented. It only needs that the advocates of the truth shall agree among themselves, and putting aside selfishness and jealousy, "with malice towards none and with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in."

And all of our enterprises shall succeed, and each one will be a means of helping the weak and suffering; cheer will be brought to the hopeless, light to the blind, and a rich reward to those who give themselves to the service of humanity.—*The American Medical Monthly.*

RHUS TOX. IN RHEUMATISM.—The following two cases will illustrate the value of rhus tox in rheumatism:

A lad seventeen years old, when presented for treatment had a drawing pain with crepitation in the hip joint. Pain increased when rising from a seat after remaining seated for some length of time; it was also aggravated by cold and by any change of weather. The pain was relieved when sitting near a warm stove or in the sun, and by making continuous gentle motion of the leg. The leg and hip were so lame that he was obliged to take hold of the leg of his trousers so that the limb could be lifted and advanced when he desired to walk. The knee joint was flexed, and any attempt to move it caused pain, and it was impossible

to make complete extension of the leg. *Rhus tox* was prescribed and a complete recovery followed.

The next case is that of a man forty-seven years of age, a carpenter, and was much exposed to drafts of wind. Some eight weeks previous he had erysipelas, followed by numbness in his left hip. This numbness crept on gradually, and was felt mostly on going to bed at night. There was also a pain commencing in the left foot, passing up that side of the body to the hip, and then crossing over to the left hip. This pain was sometimes of the most intense character. He had become a wreck bodily and mentally under the long continuance of his condition. The pains had always been relieved by gentle motion; they were easier in dry, clear weather, and were always worse just before a storm, so much so that he knew two or three days before of its coming. *Rhus tox* was administered and a steady improvement set in, which continued until there was perfect recovery.—*N. Y. Times*.

DEPRESSANT DRUGS AND SUDDEN DEATHS—It is interesting to note an editorial in the *Journal of the American Medical Association* on the relation of sudden deaths to the consumption of depressant antipyretics. The mortality of sudden deaths per thousand was as follows: In 1900, 1.18; in 1901, 1.31; in 1902, 1.34. Thus, in these three years there was a gradual but continuous *crescendo*; in 1903 the ratio diminished and was only 1.28.

There has been some discussion among sanitarians and public health officials as to the reason for this decrease, and, says the *Journal A. M. A.*: "A portion of the decrease has been ascribed definitely—and with considerable plausibility—to a certain cause. At the beginning of last year the board of health, suspecting that many prescriptions for phenacetin were being filled by druggists with acetanilid, or with a mixture of phenacetin and acetanilid, sent inspectors to obtain definite information on this matter. Of the 373 samples of so-called phenacetin collected 58 were pure phenacetin; 315 were adulterated with cheaper drugs, mainly acetanilid, and in 267 cases containing more acetanilid than phenacetin; 32 samples were pure acetanilid. The commissioner made these facts public, and threatened to expose and prosecute all druggists who would thereafter be found committing this misdeameanor.

"It is very interesting at least to find that a single year after the investigation and supposed consequent reform on the part of the dispensing pharmacists, there should be a slight reduction in the actual sudden death rate from heart disease, and that at a time when for many years there has been a constant increase in the death rate from this cause. It is well known that acetanilid is a distinctly depressant drug for the heart. Professor Jacobi, of New York, always insists that it is

an actual tissue poison, to be used only with great care, and many therapeutists teach that it is the underlying cause for the increase in reported sudden deaths that has occurred in recent years."—*Merck's Archives.*

PHYTOLACCA DECANDRA.—*John William Fyfe, M. D.*—In many abnormal conditions phytolacca fills a place peculiarly its own. In the treatment of diseases of the glandular system and of the mucous membranes this fact is almost daily brought to the attention of the general practitioner. Its curative effect is so promptly manifested in inflammation or ulceration of the mucous membranes of the various parts of the body that there can be no doubt of its energetic power. In inflammation of the breasts its early exhibition will frequently prevent the formation of abscesses, and in tonsillitis and the sore throat of scarlet fever it has no superior. In wrongs of the liver, especially when there is enlargement and induration, or a torpid condition of that organ, the patient should be given the aid afforded by this efficient medicine.

In gonorrhœa and leucorrhœa phytolacca is deemed a medicament of merit, and in syphilis, especially of the tertiary form, it is thought by many to be essential to a rational treatment. It has also been found a remedial agent of great usefulness in the large number of chronic conditions in which the absorbing, secreting and eliminating vessels have become impaired, and it is one of our most efficient drugs in the chronic form of articular rheumatism, its long continued employment doing much toward preventing a return of the painful affection.

Phytolacca decandra is alterative, diuretic, laxative, and, in very large doses, narcotic, emetic and cathartic.

Among the specific indications calling for phytolacca the following are perhaps the most frequently seen: Enlargement, inflammation or pain in glands; mucous surface of the fauces full, of dark color, the tonsils swollen, throat dry, or covered with patches of tenacious secretion or ash-colored exudation; depressed function or imperfect secretion; fatty degeneration of the heart. Locally: threatened abscesses in glands.

The dose of Specific Phytolacca is 3 to 10 drops, but it is usually employed as follows: R Phytolacca, gtt. x to xxx, water, 3iv; teaspoonful ever hour or two.—*The Eclectic Review.*

COLCHICUM.—The use I most frequently make of this remedy, and the one which prompted this paper, is to relieve nausea and vomiting of pregnancy. My success has been so prompt and gratifying that other remedies are seldom used. Formerly failures were frequent, but now speedy relief is the rule. Look for this keynote in prescribing *Colchicum*;

nausea and vomiting of clear, glairy, stringy fluid, aggravated by the smell of food.

Dr. Nash recommends this remedy highly for autumnal diarrhea, with white or bloody mucous discharges, having a shreddy appearance, looking as if the mucous membrane had been scraped off of the intestines, with tenesmus and meteoristic distention of the abdomen, but really the shreddy pieces are organized mucus. *Colchicum* is a quick acting remedy, so if the patient does not report rapid improvement you might as well change the remedy. Homeopaths, if you are only true to *Similia* you will make lasting friends and brilliant cures among your patients.—*Hom. Recorder*, Aug. 15, 1903.

PROF G. W. BOSKOWITZ, M. D., Dean of the Eclectic Medical College, of the City of New York, recently stated before the Eclectic Medical Society of the City and County of New York, that "in the treatment of gonorrhea, in many cases, the balsams irritated the stomach; that these cases and sixty per cent. of all cases may be cured without resorting to balsams, by specific agrimony and gelsemium in the early stage, to be followed by specific staphysagria and collinsonia in the second week." In follicular glandular inflammation, he recommended twenty-drop doses of fluid extract of hydrastis internally and the non-alcoholic hydrastis locally.—*The Eclectic Review*.

THE CLOSING OF WOUNDS.—Dr. Miles F. Porter, of Ft. Wayne, Indiana, an excellent surgeon and a man of large experience, gives the following rules for the treatment of open wounds:

1. The use of sutures should be avoided save where necessity demands their use. Many wounds, in which sutures are now commonly used, may be coapted more perfectly, more speedily and more safely without the use of sutures.
2. Tension and moisture are the only conditions making sutures necessary.
3. When sutures are necessary, buried absorbable sutures should be used in all cases where there is no infection.
4. The necessity for drainage does not contra-indicate the use of adhesive plaster for purposes of coaptation.
5. It is doubtful if the use of non-absorbable suture material should ever be used with a view to its remaining permanently.
6. Non-absorbable sutures are not necessary nor advisable save in intestinal work and in the presence of sepsis.
7. In those cases in which non-absorbable sutures are necessary, that method of applying them should be chosen which will subject the tissues to the least possible trauma, produce the fewest possible avenues

for infection through the skin, and permit of their being removed when they have fulfilled their mission.

Of course antiseptics are always of value and are required in every hospital.

Cleanliness and attention to surgical details produce results. Carelessness and neglect promote failure. Balsam of fir makes an ideal dressing if used sparingly.—*Summary.*

ECHINACEA IN POISONOUS BITES.—Dr. J. W. Harvey, of Chico, Cal., in writing to the *Therapeutic Digest*, in part says:

"A boy was brought to my office twenty-seven minutes after having been bitten by a rattlesnake. The leg was considerably swollen. The bite was half way between the malleolus and the knee joint. The wound was severe and lacerated. I immediately bathed the leg with normal tincture of echinacea and injected into the wound thirty drops of the same remedy, then saturated a bandage with the tincture and tightly bound the affected part and gave instructions to keep the bandage wet with the tincture. I prescribed thirty-drop doses every two hours for twenty-four hours.

"Next morning on visiting my patient, I found the swelling had entirely subsided and there was no indications of constitutional poisoning. In three days the wound was healed. I continued giving thirty-drop doses of the echinacea three times a day for a week. The prompt action of this preparation gave me great satisfaction.

"I also had a case of a Japanese who had been bitten in the scrotum by a tarantula. The part was swollen to ten times its natural size. I applied a bandage of absorbent cotton saturated with normal tincture of echinacea keeping it wet with the tincture for twenty-four hours, and administered drachm doses every two hours for the same length of time. At the end of the time there was no local swelling or other evidence of the poisonous effect of the insect's bite."—*The Eclectic Review.*

NUX VOMICA.—In speaking of the indications calling for the employment of nux vomica the *Chicago Medical Times* calls attention to the following essential facts;

"First of all, let me say that I do not believe you can give nux vomica and strychnine interchangeably. The nux vomica contains besides the strychnine other medicinal ingredients which enter into the results produced by the nux vomica. Who can tell what part these constituents play in the curative effect of the drug?

"The first thing to remember about nux vomica is that it should be given only in those departures from health, which are the result of an atonic condition of the system. Whenever there is irritation, from any cause, it will not only fail to benefit, but, on the other hand, will work positive mischief."

NOTES AND SOCIETIES.

THE NATIONAL.

The National Eclectic Medical Association will hold its thirty-fourth annual convention at St. Louis, Missouri, June 14, 15, 16, 17 and 18, 1904.

THE NEED FOR ORGANIZATION.

Never, in the history of our school, has Eclecticism wielded the influence in the medical world that she does today, and never before has her opportunities been so great nor her need of organization so urgent, as at the present time.

The depressing effects of the coal tar products, the uncertainty of serum therapy, the failure of glandular extracts and the large mortality in pneumonia, are opening the eyes of a great many medical men to the fallacy of modern medication, and many are beginning to study our methods and remedies. The times are propitious for a great forward movement. If the thousands of our physicians would ally themselves with their State and National Associations, there would be such an impetus given to the cause as would be inestimable.

THE PLACE OF MEETING.

The eyes of the whole civilized world will be turned to St. Louis this year, in contemplation of the most stupendous and magnificent World's Fair ever held. The Fair occupies 1,240 acres, or nearly twice that embraced by the Columbian Fair at Chicago. Fifty million dollars will have been spent when the Fair opens its gates in April, and the "Ivory City" will be the marvel of the world. Every eclectic in the United States should be there.

HEADQUARTERS.

The Association has made a contract with the Epworth Hotel Co. to entertain three hundred or more at one dollar per day, European plan, two in a room, separate beds if desired, or if but one in a room, two dollars per day. We have reserved one hundred and thirty-five rooms on the second floor.

Our Association will be held in the convention hall of the hotel, which seats six hundred people.

To secure these rates the Association deposited one hundred dollars with the Hotel Co. If the required three hundred are entertained, the convention hall and committee rooms are furnished free, but if the number falls below three hundred, the Association is to pay fifteen dollars for the hall and committee rooms the first day (all day session), and ten dollars per day for each of the half day sessions. If three hundred are present we get a rebate of the one hundred dollar deposit. If less than three hundred are present the balance of the one hundred dollars, after

deducting the price of the hall and committee rooms, fifty-five dollars, will be refunded. In order that we may know definitely how many will be present, I would urge every one who expects to be present to notify Dr. H. H. Helbing, 4235 West Belle Pl., St. Louis, by card, how many will be in his party. These cards will be filed in the order received. If by April or May we find that we are not going to reach the three hundred, we can have friends join our party and thus secure the rates. To save the Association the one hundred dollars deposited, it is necessary, therefore, to have three hundred present.

Parties desiring to remain in St. Louis longer than convention week can remain at Hotel Epworth at the same rates, provided they notify the Hotel Co. some time in advance of the meeting.

HOTEL EPWORTH.

It is the only safe, permanent brick hotel within easy walking distance of the World's Fair grounds. All other hotels in process of erection are of cheap frame and staff construction.

It is beautifully located three blocks north of the Fair grounds, on the corner of Melville and Rosedale Place (which is the continuation of Washington Ave.) on the highest point of land adjacent to the Fair, sixty feet higher than the principal palaces of the Exposition, giving a grand bird's eye view of the Fair and the great city of St. Louis, within five minute's walk of the Administration and Convention entrances on the north side.

All points of interest in and about St. Louis are easily reached by the splendid transportation facilities radiating from Hotel Epworth. Five cent fare to all points. It is easily accessible by electric and steam lines from the Union Station and down town points.

All conveniences of a first class modern hotel. All rooms outside; light, airy, comfortable, well furnished; iron beds with springs, high grade mattresses, feather pillows, etc., etc., electric lights, steam heat (for fall months), pure filtered water (from Missouri river), baths on every floor, rooms with private baths can be furnished, barber shop, laundry, news and book stand, apothecary, resident physician, telegraph and telephone service (long and short distance).

Dining room on ground floor. Meals served a la carte, prices guaranteed reasonable, service the best. Box lunches may be obtained to carry into the grounds.

Roof garden 21,000 square feet of floor space, canopied and brilliantly lighted at night. Ideal place for gatherings, services, etc. Perfect view of pyrotechnic display on grounds. Cool, restful, quiet.

Assembly room on ground floor, six hundred seats; committee rooms attached availed for Sunday and week day services, meetings, etc., etc.

The character of the Hotel Epworth and its guests makes it an ideal World's Fair home for ladies without escort.

TIME OF MEETING.

The Executive Committee decided to hold the meeting one week earlier than usual this year, the week of Tuesday, June 14th, as the weather in St. Louis after the middle of June is generally very hot.

Realizing that the World's Fair attractions will be irresistible, the Executive Committee deemed it the part of wisdom to hold only half day sessions after the opening day, and continue the meetings the remainder of the week. By this plan the members of the Association can visit the Fair every afternoon and evening if they so desire.

The first day, Tuesday, will be an all day session, the Association adjourning at 12:30 or 1:00 P. M. the remaining days of the week.

R. L. THOMAS, M. D., President, 792 E. McMillan St., Cincinnati.
F. ELLINGWOOD, M. D., Secretary, 100 State St., Chicago, Ill.

THE Eclectic Medical Examining Board and the Florida State Eclectic Medical Association will convene at Tampa, Florida, March 15, 1904, and a special invitation to the eclectics of the North is extended to meet with them.

The call for the meeting is signed by Dr. G. P. Morris, president; Dr. S. Fred Smith, vice-president; Dr. H. J. Hampton, secretary.

THE thirtieth annual meeting of the Georgia Eclectic Medical Association is to be held at Atlanta, Georgia, March 30th and 31st. A most interesting program has been arranged, divided into five sections, leading off with *materia medica* and *therapeutics*, as is proper and becoming in organizations that believe in drugs and their proper application. On Thursday evening, March 31st, the annual commencement exercises of the Georgia College of Eclectic Medicine and Surgery will be held in the Assembly Hall of "The Kimball." The members of the State Society are invited and expected to attend the commencement. The exercises are to be followed by a banquet. The following officers are in charge of arrangements: W. M. Durham, M. D., Atlanta, president; C. N. Wilson, M. D., Maysville, 1st vice-president; J. V. M. Cain, M. D., Atlanta, 2d vice-president; Geo. A. Doss, M. D., Moreland, secretary; W. J. Auten, M. D., Atlanta, treasurer. Censors: W. J. Houston, M. D., Decatur; R. M. Moore, M. D., Waleska; G. D. Blackwell, M. D., Atlanta. Committee on arrangements: T. L. Thomason, M. D., Atlanta; J. V. M. Cain, M. D., Atlanta; F. M. Young, M. D., Atlanta; G. Adolphus, M. D., Atlanta. The name of the president is sufficient to make us feel it will be a success.

THE Twenty-eighth Annual Meeting of the Michigan State Eclectic Medical and Surgical Society of Michigan, will be held at Grand Rapids May 18 and 19 next. Prof. Finley Ellingwood, M. D., Secretary of the National, will be present and deliver a public lecture the evening of the

18th. An invitation has been extended to Prof. R. L. Thomas, M. D., president of the National, to be present also. One of our most pleasant outings for several years has been to the meetings of the Michigan Society. We always enjoyed it, and it is a part of our May program to attend again, and Treasurer W. T. Gemmill, M. D., of Forest, O., has promised to accompany us. We like the eclectics of Michigan. They are of the rugged sort. They give you a hearty handshake and they mean it. Among them are some of the most successful eclectics and brightest physicians of the country. The coming meeting will be a record breaker in interest and attendance. No eclectic should miss it. Grand Rapids is easy of access.

The officers are: Pres., E. M. Conklin, M. D., Manchester; Vice Presidents, Wm. H. Suyder, M. D., Hastings; L. S. Walter, Fife Lake; Chas. McLaughlin, M. D., Elwell; Secretary, F. B. Crowell, M. D., Lawrence; Treasurer, J. D. Peters Grand Rapids; Censors, E. Blackman, M. D., Quincy; V. A. Baker, M. D., Adrian; P. B. Wright, M. D., Grand Rapids; G. W. Nafe, M. D., Fremont; W. H. Snyder, M. D., Hastings; Wm. Bell, M. D., Belding.

THE next quarterly meeting of the Northeastern Ohio Eclectic Medical Society will be held on Thursday, March 10, 1904, at the Forest City House, Cleveland. It is to be hoped that every eclectic in the state who can and especially every eclectic in the northeastern part of the state will avail himself of the opportunity to attend.

The facilities for getting to Cleveland are good, trains and suburban cars arriving every hour and half hour. Judging from the great interest manifested at the last meeting, and the splendid program arranged for the coming one, those who attend will be amply repaid for their efforts. The only trouble is the lack of sufficient time in one day's session to thoroughly discuss the papers. It is to be hoped every one will study well the subjects that they may be quickly discussed.

Dr. S. Schiller, of Youngstown, will be chief clinician and anyone having a clinic will please notify him, previous to the meeting, giving him a history of the case. Members are requested to bring clinics.

Members and guests are also requested to register upon arriving and procure tickets for dinner. Dinner will be served in private dining room.

Following is the program: Electricity, Dr. O. A. Palmer, Cleveland; Measles and its complications, Dr. A. L. Schwartzwelder, Cleveland; The Puerperium, Dr. H. B. Kirkland, Berea; The Treatment of Hemorrhoids and Rectal Fissure, Dr. J. H. McElhiney, New London; Diphtheria, Dr. H. D. Tod, Akron. W. K. Mock, President.

R. R. BARRETT, Secretary.

THE ECLECTIC MEDICAL GLEANER.

If the members of the class of '99 will communicate with me at once I will attempt to get out another report of where and how each member is progressing.

I would like to get this report ready for the April issue of the Cincinnati Journals. I would also like to know how many of the class anticipate attending the National Association at St. Louis this year. Why not do St. Louis, *en masse*?

R. V. DICKEN, M. D., Lima, O., Cor. Sec'y Class of '99.

NATIONAL Eclectic Medical Association. Meets at St. Louis, in June, 1904. R. L. Thomas, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 7th and 8th, 1904. E. H. King, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th st. A. W. Herzog, M. D., president; W. L. Heeve, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Dec. meeting at the office of Dr. Martin King, Brooklyn. H. Stoesser, M. D., president; J. A. Nordbrock, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. V. Sillo, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Wm. H. Russell, M. D., president; Pitts Edwin Howes, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thordike," Boylston street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

Dr. C. L. Gregg, E. M. I., who lately located in Dayton, recently delivered a young woman of triplets. According to the Dayton *Daily News* it is hard to tell who was the prouder, the doctor or the daddy.

The next meeting of the Northeastern Eclectic Medical Society will be held at Cleveland, at the Forest City House, March 10th. Ralph R. Barrett, of New London, O., Secretary.

Dr. E. Younkin, formerly of St. Louis, now conducts Villa Sanitarium, at Villa Ridge, Mo.

A BUSINESS that would satisfy anyone who wants a good one, must be abandoned on account of health of the wife. Business, property and all will go. We have known of nothing better for years. Write to Dr. J. W. C., care the GLEANER, 22 W. Seventh St., Cincinnati, O.

MANOJ

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LOCATION.—Stable, outfit, drugs and excellent practice, in a thriving village of Southwestern Ohio; no other physician in town; nearest in surrounding country, four miles. Good roads, fine farming community; two nearby towns without physicians; 34 miles from Cincinnati; best of reasons for selling; purchaser will make money from the start; want to vacate in spring. Address W. E. Bloyer, M.D., 22 W. 7th St., Cincinnati. O.

For expert urinary analysis and other careful analytical work the GLEANER refers its readers to Wm. H. Ohler, 18 Locust St., Portland, Maine.

Prof. John Uri Lloyd, of this city, and Dr. W. T. Gemmill, of Forest, Ohio, have been in Mexico and extreme Southern California since the middle of January, trying to escape the cold of the North. They have had a good time, no doubt.

The New York Eclectics and friends of the Eclectic Medical College, of the city of New York, together with its trustees and faculty, celebrated the completion and occupancy of their new college building, at 239 E. 14th St. Prof. George W. Boskowitz, M. D., Dean, was in his happiest mood. The class gave a reception in the evening, at the College, at nine o'clock. Our congratulations and good wishes.

The GLEANER congratulates the eclectics of Southern California upon the auspicious opening of the new Deaconess Hospital, at 447 S. Olive St., Los Angeles, Cal. It was dedicated February 7th. Dr. O. C. Welbourn is chief of the staff. The Board of Directors is to be congratulated as well upon their having an eclectic staff.

We congratulate the *Medical Brief* upon the handsome souvenir album recently sent out. Its artistic merit demands for it a place in any library. It contains a faithful reproduction of the portraits of its contributors, whose articles appeared in 1903.

The Texas Eclectic Medical Examining Board will hold its semi-annual meeting, April 26th and 27th, at Dallas, Texas.

L. S. Downs, M.D., Sec'y and Treas., Galveston, Texas.

Dr. A. Oppermann, St. Joseph Hosp. Med. Coll., '81, for many years at Auburn, Neb., but late of Cordell, Okl. Ter., died Feb. 18, '04, of cancer of the stomach, after an illness of six months, being bedfast the last four months. He was one of the most careful, painstaking, successful practitioner we ever knew. He kept complete statistics always. His friends have the sympathy of the GLEANER.

Dr. J. H. Dice, of Xenia, O., has recently been appointed upon the U. S. Pension Board. We congratulate him.

There is no better place for a young man who intends to make surgery a specialty, especially if he be an eclectic, than Richmond, Ind.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

The Care of the Eyes.—The eyes are the most wonderful and delicate optical instruments in the world, and easily subjected to strain. There are few eyes that are not caused unnecessary and detrimental strain. This produces the inflammation that is the trouble of many and which in turn is often the cause of the unsightly puffiness under the eyes. Although it is not possible to change their color or shape, the appearance of the eyes can often be materially improved by proper care, and the surrounding tissues and features so modified as to add greatly to the looks. Excellent information on the care of the eyes is given by Dr Grace Peckham Murray in the March *Delineator*. The use of glasses is a sub-topic that merits special attention.

Fischer—Infant-Feeding In Its Relation To Health and Disease. A modern book on all methods of feeding. For students, practitioners and nurses. By Louis Fischer, M. D., Visiting Physician to the Willard Parker and River-ide Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik, etc., etc. Third edition, thoroughly revised and re-written. Containing 54 illustrations, with 24 charts and tables, mostly original. 357 pages, $5\frac{1}{2} \times 8\frac{3}{4}$ inches. Neatly bound in extra cloth. Price, \$2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This book is based upon the experience of a wide awake man in one of the largest clinics for children in this country. There is no better authority upon children than Prof. Louis Fischer, and there is no better book upon infant feeding than this third edition. It has been completely revised and almost entirely rewritten. Some chapters have been omitted and a new chapter has been added, in which it is shown how children should be fed who can not tolerate milk. This edition may safely be trusted to aid those in search of practical points of modern breast-and-bottle feeding.

B.

Self-Cure of Consumption Without Medicine. Without medicine, with a chapter on the prevention of consumption and other diseases, by Charles H. Stanley Davis, M. D., Ph. D., pages 180, New York, E. B. Treat & Co., 241 & 243 W. 23d St. Price, 75 cents.

Consumption is always a most fertile topic, as it is said there are 1,250,000 cases in the United States, with more than 150,000 deaths from the disease every year, with an annual expense to the people of \$30,000,000. The Author declares that there is not a shadow of doubt but

that the disease can be practically stamped out as has been typhus fever, cholera, yellow fever, etc. Though the idea that consumption is an incurable disease is still widely prevalent among the people, he says there is no reason why any person not advanced beyond the second stage should die of the disease. The object of this book is to show how consumption from its first beginnings, its last stages, before actual decay of the lungs takes place, can be cured in at least 95 per cent. of the cases, and this without the use of medicine. The book makes very interesting reading.

B.

The Practical Care of the Baby, by Theron Wendell Kilmer, M. D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Baby's Hospital, New York; Attending Physician to the Children's Department of the West Side German Dispensary, New York, 12mo. Pages xiv-158, with 68 illustrations. Extra cloth, \$1.00, net, delivered. Philadelphia, F. A. Davis Company, 1914-16 Cherry Street, Publishers.

This book is written with two points specially in view; first, that nothing is so simple but that it may not be known by some reader. So that nothing is taken for granted. The second point is that the easiest way to teach is by illustration, hence the book contains a large number of illustrations. It contains everything incident to a baby's care, from the first bath on up through the measles, whooping cough, chicken pox, croup, etc., etc. It is an excellent little book.

B.

The Character-Builder, a Journal of Human Culture and Hygeic Therapy. John T. Miller, Editor D. Sc. 334 S. 19th St., Salt Lake City, Utah. This is one of the brightest and cleanest and purest little papers with which we are familiar. Your boys and girls need it.

B.

Howe's Handbook of Parliamentary Usage. Arranged for the instant use of legislative and mass meetings, clubs and fraternal orders, teachers, students, in fact for the instruction of all of the chairmen of all bodies who desire to conduct themselves and their assemblies decent and in order, by Frank William Howe. Hinds & Noble, Publishers, 31-35 W. 15th street, New York. Price, 50 cents. This is certainly the most unique and most worthy little book of the kind we ever saw. Every chairman should have one in his pocket.

B.

Preventative Medicine.—Two Prize Essays. "The General Principles of Preventative Medicine," by W. Wayne Babcock, M. D. and "The Medical Inspection of Schools: a Problem in Preventative Medicine," by Louis S Sommers. Published for gratuitous distribution to the medical profession by the Maltine Co., Brooklyn, N.Y. Two very interesting essays.

B.

Chart of the Sympathetic Nerve, from Original Dissections—life size.
By Byron Robinson, M. D., 100 State street, Chicago, Ill. Published by
E. H. Colgrove, 65 Randolph street, Chieago, Ill. Price, 50 cents. B.

The February *Review of Reviews* is another notable triumph in monthly journalism. Almost every topic treated in this number is directly related to the news of the month. The far Eastern crisis and its bearings on American trade interests are editorially discussed in the department devoted to "The Progress of the World;" "Korea as the Prize of War," is the subject of an illustrated article of great value by the Hon. J. Sloat Fassett; "The Railways of China" are described by Dr. Arthur J. Brown; Governor Taft's administration in the Philippines, just closed, is reviewed by Frederick W. Nash; Entomologist Howard, of the United States Department of Agriculture, writes on the Mexican cotton-boll weevil, which recently caused an extra session of the Louisiana Legislature, as well as a special appropriation of \$250,000 by Congress; Mr. W. T. Stead sketches the personalities of the three commissioners who have been intrusted by the government with the practical reconstruction of the British army system; Mr. John S. Wise contributes sympathetic character sketches of the two great Confederate chieftains who died early in January—Generals Gordon and Longstreet; the recent New Orleans meetings of the American Historical, Economic and Political Science Associations are described; the Panama situation and Wall Street's relation to Presidential politics are treated by the editor; and in the *Review's* series of illustrated papers on American industrial development Mr. Philip Eastman contributes an interesting account of "Wind-mill Irrigation in Kansas." Many other timely topics are covered by the cartoon department and by the "Leading Articles of the Month," "Periodicals Reviewed," "New Books," etc.

As we have said before there is no magazine published so well suited to the busy doctor. It must satisfy him to read briefly on every subject, yet this journal is most comprehensive. Send 25 cents to *The American Monthly Review of Reviews*, 13 Astor Place, New York, for a sample copy. You and your wife and children will enjoy it.

PAMPHLETS RECEIVED.

The Work of Downes' Electro-Thermic Angiotribe in two Abdominal and two Vaginal Hysterectomies. In one large ovarian cyst, complication a six months' pregnancy; in three bilateral salpingo-oophorectomies; in one case of carcinthelioma of the external genitalia and in two cases of external hemorrhoids. By E. Gustav Zinke, M. D., Cincinnati, O. Reprinted from the *American Journal of Obstetrics*, No. 4, 1903.

The Limitations of Caesarean Section. By E. Gustav Zinke, M. D., Cincinnati, O. Reprinted from the *American Journal of Obstetrics*, No. 5, 1903.

The Development of Obstetric Surgery, by James U. Barnhill, A. M., Ph. D., M. D., Columbus, O., Professor of the Principles of Surgery and Clinical Surgery, Ohio Medical University, Editor Columbus Medical Journal. A very interesting paper. Reprinted from the Columbus Medical Journal, August, September, 1903.

A Clinical Lecture Upon the Treatment of Gonorrhœa, by H. M. Christian, M. D., Philadelphia, Professor of Genito-Urinary Diseases, Medico-Chirurgical College; Professor of Genito-Urinary Surgery, Philadelphia Polyclinic, etc. Reprinted from Medical Bulletin, December, 1903.

Are We To Have a United Medical Profession? By Chas. S. Mack, M. D. Published and for sale by the author, La Porte, Ind. Price, 25 cents. This pamphlet is written from the homeopathic standpoint, and argues that we will not have and can not have a united medical profession while the majority school betrays such an utter lack of knowledge as to what homeopathy is or purports to be.

Flatulence, Meteorism and Tympanites. Reprints from the *Dietetic and Hygienic Gazette*, August, 1903.

Treatment in Four Hundred and Forty-Two Cases of Movable Kidney without Surgical Intervention. Reprint from *American Medicine*, Dec, 5, 1903. The above reprints are by Dr. Chas. D. Aaron, M. D., Detroit, Mich., the well known professor of Clinical Gastro Enterology, and Lecturer on Dietetics in the Detroit College of Medicine; Consulting Gastro-Enterologist to Harper Hospital, etc.

Penetrating Foreign Body in the Eyeball, Which Has Been Successfully Extracted by Means of the Electro Magnet. Reprint from the *Cincinnati Lancet Clinic*, May 31, 1903.

A New Field of Hearing Chart. Reprint from *Laryngoscope*, St. Louis, May, 1902.

Exenteration of the Orbit, Along with Complete Removal of the Eyebrow, Both Eyelids, the Entire Lachrymal Apparatus, and Curettage of the Ethmoidal Labyrinth for Carcinoma of the Eyelids and Orbital Structures. Presented to the Academy of Medicine, October 27, 1902.

Chemical Burn of Face and Eyes. Report of a case illustrated by photographs. Reprint from the *Cincinnati Lancet Clinic*, May 31, 1902.

Optic Neuritis from Intra-Nasal Disease. Reprint from the *American Journal of Ophthalmology*, June, 1901.

A Case of Sympathetic Ophthalmia, with Complete Recovery of Both Eyes. Reprint from the *American Journal of Ophthalmology*, June, 1902. The above several reprints are by Derrick T. Vail, M. D., the well known oculist, of Cincinnati, O.

THE ECLECTIC MEDICAL GLEANER.

Good Things—Old and New

SANMETTO IN PROSTATITIS, URETHRITIS, CYSTITIS.—I have used Sanmetta extensively in my practice for some years, and in well chosen cases have always gotten good results. I look upon it as a most valuable remedy in prostatitis, urethritis, cystitis, and in fact all inflammatory conditions of the genito-urinary tract. W. J. CHITTOCK, M. D., Jackson, Mich.

THE COUGH-SEQUELA OF LA GRIPPE—Dr. John McCarty, of Briggs, Texas (Louisville Medical College), in giving his personal experience with this condition, writes as follows: "Ten years ago I had la grippe severely and every winter since, my cough has been almost intolerable. During January, 1902, I received a sample of Antikamnia & Heroin Tablets and began taking them for my cough, which had distressed me all winter, and as they gave me prompt relief, I ordered an ounce box which I have since taken with continued good results. Last fall I again ordered a supply of Antikamnia & Heroin Tablets and I have taken them regularly all winter and have coughed but very little. I take one tablet every three or four hours, and they not only stop the cough, but make expectoration easy and satisfactory."

LOCATION.—A \$2 500.00 *cash* practice is open, on account of ill health and age, to a *sober*, active eclectic physician, who can read, write and speak German fluently. One who understands how to compound medicines would succeed best. No property for sale, only office outfit, drugs and medicines. Value \$250.00 to \$350.00. A. Oppermann, M. D., Cordell, Okl. Ter.

THE sum of \$500.00 will buy an office outfit of three rooms, consisting of carpets, chairs, lounges, operating tables, desks, bookcases, with books and medicines if wanted. All complete, and an introduction to a business established twenty-five years, in a county-seat town, known as the "Gem of the Maumee Valley." A snap for an eclectic or homeopath. Age and ill health reasons for selling. Drs. Waddell, Wauseon, O.

H. S. Kennedy's Extract of Pinus Canadensis.



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THE ONLY NON-IRRITATING MUCUOS ASTRINGENT.

**It has proven to be of priceless value to the Physician
in the treatment of**

**Gonorrhœa, Cleet, Vaginitis, Catarrh, Ulcers, etc.
A specific for night sweats.**

Rio Chemical Co. New York.

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

APRIL, 1904.

No. 4.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER regularly who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. No pay will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of *any* school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER, Cleves, Ohio.

EDITORIAL NOTES.

THE GLEANER goes gloriously on. Its subscription list grows apace. Even the stragglers, who occasionally forget to send the dollar, get a hustle upon themselves when a copy or two are missed, and write us *special delivery* letter, inclosing the wherewithal, and end the sweet epistle by the usual: Send her along, "Doc"; can't practice without the GLEANER. So it goes; so it comes. Will you join the throng, at a Dollar per, my Dear Doctor?

MEASLES.

We have been having in this section an extraordinary epidemic of measles. Extraordinary by virtue of the number attacked, and on account of its malignancy and its anomalous phases. During this epidemic fully eight per cent. of our entire population had the disease. Only about a dozen cases were simple in their character. Seventy cases were severe, and twenty-five of them were atrociously malignant. In one family, consisting of nine persons—young and grown—all excepting the mother were down at the same time. They were all in one room—four beds, with two in each bed. The husband and father is fifty-five years old. Three of the children are adults, while the youngest of the rest of them is five years old. All of them down with "black measles." The care of this family fell to the lot of my associate, Dr. W. S. Bogart, E. M. I., '03. At the same time we had on hand some twenty other cases, a majority of whom had the disease in the malignant form.

Seven or eight of our cases tempted his skelatonic and bescythed Nibs to the extremest limit of his extremest forbearance. With the cuticular function wholly knocked out by a coalescent mass of dark

purple *erups*; with mucous membranes as black as tar; with all the tissues turgid and swollen; with a conjunctivitis that became virulently purulent; with the nares, palate, fauces, eustachian tubes, trachea, esophagus, stomach and bowels as thickly broken out as the rest of the body; with diarrhea, vomiting, sordes, a temperature of 105°-106°; with an odor that could quintuply discount "the stench of hell;" with constant delirium, and, in one case, mania; with a continuance of the eruption for from six to ten days; with a relentless and violent cough, and with subsultus tendinum, jactitation, and, in two cases, Cheyne-Stokes respiration—with all this, what else in the universe could have furnished an excuse for their recovery than the studied application of modern eclectic methods?

In the early stages, we adhered to aconite and pulsatilla—generally combined—and given in small and frequently repeated doses. In the later stages, we relied upon echinacea and baptisia, sometimes combined and sometimes in alternation. Probably half a dozen other specific remedies were brought into requisition, but they were in a peripheral relationship. Of course we used Lloyd's specifics.

In this connection, I want to call attention to the power of pulsatilla as an *eruptant*, so to call it. Perhaps a dozen times in my life, I have been called to children who had made only partial recoveries from measles in consequence of a recession of the eruption, or of failure in the appearance of the rash. In these cases I have always given pulsatilla with complete success. I remember one case in which the eruption had almost entirely failed to appear. The child "punned" along in an etiolated condition for three months. Several doctors had a whack at it, only to throw up the case at last in disgust—a disgust that was heartily reciprocated by the patient (thirteen years old) and her parents. Under an inspiration—direct from heaven, no doubt—the parents finally sent for me. I put her on straight specific pulsatilla, and within three days the child was thickly covered with the measles eruption. In one other case I brought out the eruption after the lapse of three weeks. I have done it in many cases of shorter periods. A dozen swallows does not make a summer, but they make a fair start for it. It is next to impossible that these experiences were the result of fortuitous coincidence. I have *never* had a case in which the eruption failed to appear, i. e., if I had the case from the first. I always give them aconite and pulsatilla in the earlier stage, whatever I may give them later.

I claim that this is true specific medication, notwithstanding that not all the cases presented a pulsatilla picture *symptomatically*. It is not philosophically possible that there can be any conflict between specific medication and *causal treatment*. If we know the cause of a particular ailment, and know what drug is specific to that cause, why then that

particular problem is solved. In threatened mammary abscess, for instance, I *always* give phytolacca, no difference what may be the dominant *symptom* in the case. Causal treatment is scientific; symptomatic treatment is very considerably less than scientific. It still remains a fact that without symptomatology there could be no causal treatment. Symptomatology, therefore, takes (with reference to diagnosis) *chronological* precedence of pathologic causation. Every pathologic cause throws out a specific group of symptoms. The interpretation of these indices devolves upon the physician, and the development of a drug which is specific to this cause has always been, and always will be, the result of applied empiricism. In a few disease conditions, the symptom group is so definite that it infallibly points to the primal lesion. This leaves the doctor nothing to do but to apply the known remedy—if there is one. But in a very large majority of morbid conditions we do not get this symptomatic definiteness, and then we prescribe deferentially to the dominant symptomatic indication. Here is where the glory of specific medication comes in. We are not left to drift as helpless derelicts on a sea of doubt, as is the case with *our* allopathic brethren. We *know* that a particular symptom, if sufficiently pronounced, will almost never lead us astray. We have "got on to" the indicative vernacular of a small army of conditions, with their reciprocal drug specifics, and therein is where we have the bulge on the *irregulars*, i. e., the allopaths.

But to recur to the original subject: We have had the measiest run of measles we ever did have, but to the glory of specific drugs specifically applied, there isn't a measles left, while the patients are all left with us.

C.

EXACTLY HOW TO TREAT PNEUMONIA.

A study of the treatment of pneumonia, as given by the various contributors to old-school journals, is only more instructive than it is interesting. The correct method of treating the disease, according to these authorities, is as follows: A. Rely mainly on carbonate of ammonia and digitalis. B. Don't trust these remedies; you must depend mainly upon depletion. C. The main thing is cold applications. D. Do not use cold applications; they do only harm. Keep the patient wrapped in flannel, and keep the temperature of room up to 75° to 80°. E. Ventilate freely, and sponge patient often—support with alcohol when your antipyretics have accomplished their mission. F. Devote your principal attention to the heart. G. First deplete; then stimulate. H. Go as you please, but don't forget oxygen when you get your patient ripe for it. I. Always begin with a cathartic; follow with stimulants. J. Antisepsis of the bowels is the main thing in pneumonia. K. Don't bother the bowels too much—give your principal attention to the heart. L. Calo-

mel in broken doses is the main thing in pneumonia. It should be given in broken doses from start to finish, etc. etc.

As to local applications: Always use the mush-jacket; don't use the mush-jacket. Use the flaxseed poultice; don't do it. Blister; don't blister. Swathe the chest in cotton; don't do this. Use ice pack; don't use ice-pack. Sponge the patient; don't sponge him, etc., etc. The don'ts in the foregoing revert favorably to some one of the other local applications. Bleeding is proper in sthenic cases; never bleed. Serum-therapy holds out the only rational hope in this disease; serum-therapy can not be trusted in pneumonia. Whatever you don't do, do deplete, do stimulate, do hyper-medicate, do lose 75 or 80 per cent. of your cases.

C.

THE QUESTION SETTLED.

In high and authoritative medico-philological circles, the following question has been, and is being, discussed: Which is preferable, "dilation," or "dilatation?"

Now we know that the Latin *dilato* means only to postpone, whence dilatory, etc. *Dilatare*, or *dilatatio* means to stretch. This is classical, but is it satisfying? It gives us no hint as to which of the derivatives named should receive our favor. What we want is directness and explicitness in this matter, and we want it in English. Classicism is too nebulous and far-fetched in its deductive method.

In the following explication, I shall studiously eschew the hair-splitting nuances of casuistry on the one hand, and the devastating vacuities of platitudinarianism on the other hand. This will assist in the elimination of excrementitious verbal incidences, and in the concatenation of interlineal meanings.

There are cryptic possibilities in the probable deeps of philology that only the few have dreamed of. Some of these will be developed as I proceed.

"Di" represents one-third of the word "divide." Now to divide is to separate a whole (retaining the w) into parts. Whence "di" means to fall so far short of this as to merely stretch the whole (retaining the w or not). It is not clearly known why our lingual architects did not let it go at that, though the highest authority amongst word brokers, Von Teufelschmutz, insists that "di" alone was considered too bobtailed.

"La" is one half of the word lake, though only two-sevenths of the work lakelet. The disparity here dependent upon number in relation to magnitude, results from that inversion of significance which follows natural diminuendo. The obvious conclusion is that the most protrusive element of the situation—the mean of lake and lakelet—holds the

atmit: suggestion in the case. The ratio of this mean to the lake is representative of the degree of stretching with reference to the whole (either including or excluding the w).

"Tion," signifies "state of," the world over. It merely ratifies and fixes the status of the preceding syllables.

Dilatation has the added syllable *ta*. Now *ta* is half of the word *take*. It is as if the word was interrupted in attempting to say "take me." As it stands, it is a half; i. e., a diffident plea for favor. The value of this plea is to the value of greater brevity, as the value of the stretch is to that of the whole (with or without the w).

It would seem that this clears up all the philologic haze with which learned lucubrations had festooned it. If you use "dilation," you do so with a mental reservation deferential to the legitimate and modest plea of "ta;" while if you use "dilatation," you do so with a mental protest, having reference to polysyllabicism. But don't forget that as your choice is to the event, so is the stretch to the whole (with or without the w).

C.

THE specific *nux-lobelia-sanguinaria* treatment of the "intestinal grip," that has had hold of the people here for some time, has been quite satisfactory to all concerned. Occasionally a hyper-nervous-irritation case was encountered. Then specific *ipicac-bryonia rhus* did the work nicely. That old rule of *excess, defect, perversion* has no peer, not even a competitor, when it comes to getting a line upon the remedy to be applied to certain conditions.

B.

THE GLEANER thanks Miss Mary Holmes, of Sharp's, Fla., daughter of Dr. G. W. Holmes, for some fine orange blossoms and Spanish moss. They were beautiful and fragrant. To think of a land of flowers, and fruit, and sunshine, and then of this one, March 28, looking from the sanctum window upon roofs covered with snow; a trip to the office in heavy clothing, closely buttoned to the ears, and then uncomfortably cold. We thank Miss Holmes most kindly, and congratulate her and her good people upon the fact that they had the extreme good sense of locating where life seems worth living. Another winter like the one just passing, should it follow soon in the wake of this, will cool the most ardent ardor of any one in the mad chase for bread.

B.

Two of THE most frequent mistakes made in writing prescriptions are these: Gtts. for gtt. Single drop should be written gt., plural, gtt. Don't forget this. The second error is in writing "specific Tincture," or "Sp. Tr.," when "Specific Medicine" is intended. It should be remembered that while there are certain lines of remedies made, and called "specific tinctures," Lloyd's products are always called "specific medicines." We note these two errors in so many of the writings that we deemed it a duty to call attention to the oversight and error.

B.

UNDER Book Notices we note the forthcoming of a new book by our colleague, Dr. Cooper. As everybody knows who has read the **GLEANER**, there is but one Dr. Cooper. He has no equals, and no imitators, either in logic, the science or art of exact reasoning, or in expressing his conclusions in words. His literary friends are legion, and his writings generally have entree into the best periodicals of the country. He has written a number of articles for the **GLEANER** that awakened the widest of interest and discussion upon subjects pertaining to Immortality, and we know that hundreds of our readers will be glad that this book is coming. They will be glad to read it, and through it have removed any doubts that may exist either as to the truth of immortality, or as to the personal beliefs of the author.

B.

Do you know that the feeding of the baby, whether naturally or artificially, is one of the most important things connected with its first ten months of its existence? Do you know, too, that upon the manner in which it is fed may depend its life, especially in its second summer, and its whole physical make-up should it survive the first year or two?

Beginning from its first week, the books will tell you that it should be fed every two hours — and many physicians, and consequently the mothers — swear by the books and follow them to the minutest detail. No graver mistake can be made than to feed too frequently. A full meal will not fully digest in two hours, and no baby, no matter how well, nor how strong, should be fed every two hours, day or night. A healthy baby should sleep from four to six hours or longer at a time, and when not asleep it should occasionally lie for an hour or two in its cradle, wide awake, pulling at its toes, or making "goo-goo" eyes at the ceiling and surroundings, and this it will do if the indulgent mother, whether through her own volition, or through the directions of her doctor, does not "spoil" it by taking it up' and changing and fondling it, or by nursing it every two hours.

Babies are not so remote in physical make up, etc., from pigs. These fatten, feel best, and do best, when well fed and kept warm. So with the baby. Feed it well and keep it warm; not too much food nor too much warmth. A cold baby will be a sick baby. Warmth assists digestion. Our advice to mothers is to give the baby a good, square meal, whether it be from the breast, or of artificially prepared food, when she does feed it. Then lay it away to sleep, (and it will always sleep if the stomach is full and it be well), for five or six or eight hours, when it should have another square meal, enough to satisfy it. Do not nurse it every time it cries, nor every time it is taken up. Should indigestion or colic occur and it cry, to be sure the nipple or nurse-bottle may pacify it, but the consequence? More food to ferment, more pain to follow! Better keep

food from it on occasions like this. Treat the colic, and feed when the stomach demands food and can care for it. Our rule is, feed to satisfaction; not frequently, say every six or eight hours. Should the tongue become white, or the stools offensive, there is fermentation, poor digestion. Lessen food supply; get rid of undigested material in intestinal tract by small doses of pure olive oil (not common sweet oil), given every six hours until the character of the stools denote a normal digestive tract. For the white tongue, indicative of hyper-acidity, give an alkali. The best is small amounts of bicarbonate of soda, or of potassium in some chamomile, or mint, or fennel or other tea. The oil cleanses the bowel; some of it may be digested and serve as a food. The alkali sweetens the sour stomach. If you want to give a medicine for stomach and bowels, when these conditions prevail, the neutralizing cordial is perfection. It sweetens, and enough will physic, but small babies, no more than adults, should not be physicked too frequently. Should attacks recur, change the food. Should a baby take an abundance of food, natural or artificial, and it cry incessantly, and grow thin, and the stools be watery and bad, the food is wrong and should be changed.

The child is, in many cases, easily impressed by what the mother eats, and yet we always direct that she eat that which she is accustomed to eat. Do not stint her. Feed her well that she may be able to furnish an abundance of nourishing nurse.

Cane sugar is the cause of countless ills in baby's life. Nothing starts fermentation quicker. Indigestion always follows its ingestion. If baby must have sweet things, sweeten them with sugar of milk. Feed infrequently; feed abundantly; if tongue be coated, or stools look or smell badly, stop food, and cleanse prima via by pure olive oil, and alkalis if needed. This is *it* in brief.

B.

THE medical-society season is about to open; and if there be any sect in medicine that should appreciate it, and make the most of it, it is the eclectic. No man who practices eclectic medicine can afford to longer withhold his support and presence from his State and National societies.

There are those without the school in great numbers, and, within it, fewer in numbers, who say that the school has accomplished its purpose; that blood-letting, blistering, etc., harsh medication has been forever abandoned, and that now there is little difference between the schools, and that coalition might be the proper thing to do now.

To him who has studied this matter carefully, this proposition is wholly untenable. We do not want to keep up strife and differences simply for the perpetuation of school and strife.

True, blood-letting, blistering, etc., have been dropped. What has

has taken their places? Serum-therapy, one of the wildest and vilest inventions or theories that ever graced or disgraced the pages of medical history. The only good that ever came from an injection of serum, was, in our opinion, due to the trikresol, or other preservative, and not to the serum—horse, or other kind. The dominant school, beyond serum-therapy, is *materia* medically and therapeutically, blank. Every year old-school colleges turn loose upon the people classes of students who are as helpless as babes when it comes to the actual practice of medicine. They are chock full of a pseudo-science of medicine in these lines. They are afraid to medicate; they lack both knowledge and confidence in medicine; they study everything but *cure*. They are medical nihilists, unbelievers, doubters, failures. Truly, with allopathy, cure is due to nature, unless medication kills. How are the mighty fallen! Typhoid fever, pneumonia—all along the line the death rate increases. They blame it upon the water, upon this, that, the other. It is too often the doctor! Let people beware.

Eclecticism and liberal medicine—the *isms* and *pathies*—the “*irregulars*,” so to speak, must come to the rescue again, and none of them can do this work, or any part of it, if they are within the A. M. A.! In that body they would be as a pebble on the beach, as unnoticeable, and of as little moment. The *great waves* would roll 'em over, and roll 'em back, and that would be the amount and worth of their work. Eclectic medicine and homeopathic medicine are growing daily in the eyes of the people, and it is the duty of every supporter of the school to see that its every interest is properly taken care of in the societies this year. The State societies should be bigger and better than ever—every one of them, and the National meeting at St. Louis should be the biggest and best ever held. It should surpass in every respect the Columbian meeting in Chicago in 1893. By a union of hands, and by rendering loyal support to those in charge, who are doing their utmost to bring about this support, the end can be accomplished. Let every *GLEANER* reader go to the State meeting; let him go to the National. Think not of expense, or the possible loss of a case. What are these compared to the losses that may obtain should failure mark our meeting.

B.

TONIC. What's a tonic? In our opinion any and every remedy that rights a wrong, or lessens inharmonious action in the body, is a tonic. That natural rhythm that is so essential to life, longevity, comfort, health, to the recovering of sickness and disease, may frequently be restored by a word, a suggestion. Hence either of them may act as a tonic. A look, the minutest dose of the right medicine may tone or *atone* the susceptible patient. Any medicine may be a tonic; any medi-

cine, if indicated, may have many actions, that is if its actions be measured by the classical classifications of remedies. They will not do. They are impractically impractical.

B.

A RECENT "run" of catarrhal jaundice, in five or six cases on hand at the same time, proved or reproved the efficiency of specific chionanthus in this trouble. To several of them not another drug was given them; to others a laxative was administered. But the chionanthus, in from five to ten-drop doses, cleared the skin, the conjuncture, the dirty tongue, stopped the itching, cured the cases. You can depend upon it.

B.

We believe that we sometimes forget the value of that good, old-fashioned remedy that has come down through the history of medicine as a sort of heir-loom. We refer to rhubarb. All science, all allopathy, has not given to the suffering human family an equal to it in the last fifty years. Reread, restudy your rhubarb, and if you have allowed it to drop into innocuous desuetude, resurrect it, rehabilitate it with life. Prescribe rhubarb!

B.

NEW HOSPITAL AT LOS ANGELES.

By PROF. JOHN URI LLOYD, Ph. D., Cincinnati, Ohio.

This admirable institution is entirely under the medical and surgical management of the eclectic physicians in and about Los Angeles. It has the name German Deaconess' Hospital, and was built by the German Methodists, being conducted by them after the admirable manner of the well-known Bethesda Hospital of Cincinnati, from which mother house came the matron, Miss Ella Shela, and several experienced deaconesses.

This new hospital is in every way abreast of the times, both in management and equipment. The cost of the building has been over \$50,000. It is a four-story structure, 60 feet frontage and 120 feet deep. It has two operating rooms, with all modern equipment and latest surgical appliances, and has forty rooms for patients. Elaborate care has been taken to arrange for antiseptic and spray baths for nurses and others to whom such attention may be necessary. The plumbing, heating, ventilating and lighting systems are in accord with the most modern conception of sanitary and aseptic hospital construction, and throughout is complete.

While the building is erected by the German Methodist Episcopal Deaconess' Hospital Association, some of the rooms are furnished by

individuals or societies. The medical services, as has been stated, will be eclectic, Dr. O. C. Welburn being Medical Director.

The foregoing brief statement of fact is sufficient to inform our people that in Los Angeles their friends, both traveling and residents, may now receive the very best hospital and medical attention. The writer of this has been aware of the project since its incipiency, and now, that it is carried to a successful end, congratulates the founders and the people to be served, on the completion of the laudable enterprise. The staff, as announced by Dr. Welbourn, will show that in Los Angeles our school is amply able to care for an enterprise such as this, and, in its record therein, will do itself proud. Be it enough to say in this preliminary notice that if you have a friend in California likely to need hospital care, or a patient going to California, the German Deaconess' Hospital offers every needful opportunity both as to equipment and professional services. In it your patients can have the full benefit of the kindly eclectic system of practice. For details address Dr. O. C. Welbourn, Los Angeles, Cal., or any eclectic physician in Los Angeles or Southern California.

CYCLIC ALBUMINURIA.

By G. E. KNAPP, M. D., Cincinnati, Ohio.

The rational investigation of venal diseases began when Richard Bright published his celebrated "Reports of Medical Cases." In this work a number of cases from the wards of Guy's Hospital, London, are reported, which terminated fatally and in which the autopsies revealed the existence of organic disease of the kidneys. Many years before the publication of this work Contugno (in 1770) had discovered the presence of albumin in the urine of dropsical patients; but to Bright belongs the credit of first "connecting the fact of the coagulation of the urine with the disorganized state of the kidneys." Bright divided the lesions into three general classes and in a characteristic, terse manner described merely the macroscopical appearance of the kidneys. While the difference in the gross appearance of the kidneys was recognized, the fact that there are diverse forms of nephritis pathologically distinct and different was not fully appreciated. Indeed, an idea of the comparative crudeness of the pathological methods in vogue at that time is shown by referring to the fact that more than a quarter of a century had elapsed after the publication of Bright's work before the various forms of nephritis had been classified by pathologists, and the term, "Bright's disease," had, scientifically at least, ceased to be a sweeping appellation for a number of conditions which are essentially so widely dissimilar.

Bright took little cognizance of extra renal causes of albuminuria, but seems to have considered albuminous wine to be pathognomonic of the group of diseases which bears his honored name. So impressively was the relationship between albuminous urine and structural alterations in the kidneys taught, that the effect of this teaching is still felt, and clinicians almost instinctively associate this symptom with organic diseases of the kidneys. Subsequent investigation, however, has shown that albumin in the urine may arise from a multiplicity of sources aside from causes resident in the kidney. For instance, albumin may be encountered in varying quantity in the urine of patients in the final stage of a general arterio-sclerosis, in chronic renal-stasis due to valvular disease, aortic aneurysm, emphysema or hepatic affections; also, in extreme anemia and in leukemia. Adventitious discharges from various parts of the genito-urinary tract, from the uterus and vagina, bladder, ureters and even from the pelvis of the kidney itself when irritated by a calculus, may be added to the urine after secretion, and should not be ignored in this connection. The albuminuria which accompanies the acute febrile processes needs scarcely be mentioned.

After excluding all of the foregoing causes there yet remains a distinct clinical type of albuminuria arising without obvious cause, and which has been variously designated as cyclical, physiological, functional or postural albuminuria; the albuminuria of adolescence, and the albuminuria of the apparently healthy. From the fact that Dr. Pavy, an English physician, first directed attention to this condition at one of the annual meetings of the British Medical Association, it has also been termed Pavy's disease. None of these terms are entirely satisfactory. Because of the intermittent character of the albuminuria the term "cyclic" was applied, but, as has been pointed out, the regular recurrence of the albuminuria is only due to the regular recurrence of some cause such as change of position upon arising in the morning, etc. Albuminuria is never "physiological" in the sense that albumin may be found in the urine of any one after ordinary exertion, change of position, etc., for these causes are inadequate to produce albuminuria in perfectly normal individuals. The term "functional" albuminuria was first used to differentiate this variety of albuminuria from that caused by structural lesions; but as it is not a function of the kidneys to excrete albumin, this term means nothing. This condition is sometimes designated "postural albuminuria" because of the fact that albumin disappears from the urine when the patient is lying down only to reappear upon resuming the erect posture. As this condition may be encountered at other decades of life than that of adolescence, the term "albuminuria of adolescence" is calculated to mislead. The "albuminuria of the apparently healthy" is also an unsatisfactory designation, since patients

suffering from this condition are obviously not healthy individuals. On the whole, however, "cyclic albuminuria" is perhaps the most satisfactory designation, as it conveys some idea of the intermittent character of the albuminuria.

Cyclic albuminuria occurs most frequently in males during the period of adolescence, but may also be found at other periods of life. The patients are usually anemic and poorly nourished, and suffer from headache, nervousness and languor. Disturbance of the functions of the chilopoietic viscera is manifested by indigestion and constipation. The amount of albumin in the urine is usually small, but it may be present in considerable quantity. The albuminuria is essentially intermittent in character; the urine voided immediately upon arising in the morning contains no albumin, then, as the day goes on, the albumin appears toward mid-day, and then becomes gradually decreased in amount upon the approach of evening. The albumin is said to disappear quickly upon lying down, reappearing when the patient resumes the erect position. Some observers claim to have found hyaline casts in the urine, and, if this be true, casts can no longer be regarded as "faithful messengers announcing to the clinical observer the anatomical condition of the kidney." Perhaps the most interesting symptoms are those referable to the circulatory apparatus, and cardio-vascular instability is said to be invariably present. The pulse is irregular in frequency and of variable tension, and the heart seems to be inadequate to adjust the circulation to the changed hydrostatic conditions of the erect and reclining postures.

Cyclic albuminuria is of obscure origin, and the determining cause is not definitely known. To discuss the mode of production of albuminuria in a general way in this connection would perhaps be irrelevant. Suffice it to say, there are two opposing theories which seek to account for the presence of albumin in the urine. One theory is that the production of albuminuria is dependent upon some impairment of the epithelial cells of the tubules or glomeruli which allows the albumin to escape; opposed to this theory is one which asserts that the albumin escapes because of alterations in the pressure within the glomerular vessels. As there is no apparent renal lesion in cyclic albuminuria, the first theory is obviously not applicable to these cases, and the cause seems to revert to some anomaly in the circulation, a supposition which is further supported by the cardio-vascular instability, which is a constant symptom. Although the writer has never encountered the theory that the renal-capsule may be a factor in the production of cyclic albuminuria, it seems reasonable to presume that it may play at least a subsidiary role in the production of this condition. The circulatory difficulty occasioned by a diminished or variable *vis a tergo* would, of course, only be added to an abnormally tight capsule. This presumption is based upon the

favorable reports following renal decapsulation in cases of albuminuria in which the kidneys were palpably diseased. The favorable results are attributed in these cases to the effect of decapsulation upon the renal circulation.

The writer does not concur in the general belief that the albuminuria should be regarded as a distinct disease, *per se*, upon which the remaining symptoms of the clinical picture depend, but regards the albuminuria as an accidental phenomenon, precipitated, it may be, by some subtle histological defect in the kidney, or by some slight abnormality in the capsule, yet directly due to a functional vaso-motor disturbance, and essentially to the expression of a defective sympathetic system. When we recall the physiological action of the sympathetic nervous system with the vaso-motor and trophic functions, and then consider the cardio-vascular instability, anemia and other evidences of defective metabolism present in these cases, this position at once becomes tenable.

The progress in these cases is favorable, and it is said that true cyclic albuminuria never develops into actual renal disease.

Upon the subject of the treatment of cyclic albuminuria, most writers appear to be reticent, or they entirely ignore this part of the subject which is of so much importance to the patient. While some writers dismiss this topic by recommending the administration of tonics, presumably meaning iron, strychnin, etc., others seem to doubt if any treatment has any effect whatever upon this affection. The specific medicationist who, of course, has no specific treatment for this or any other syndrome, appreciates the practical difficulties, the absolute folly of attempting to formulate a fixed treatment for this, or on any other clinical type, and recognizes the fact that each case is a law unto itself, and must be met by treatment which adapts itself to possible variations in symptomatology. The belief that if the various functional obliquities are recognized as they present themselves in the individual case and are combatted by remedies which have, definite and well-known sphere of action, that many of these cases can certainly be made more comfortable, if not entirely cured. We do not believe that the albuminuria should be combatted directly and as a distinct disease, but it should be regarded merely as a symptom, as one of the many expressions of a distressed, of an imperfectly functioning sympathetic system. As the albuminuria is probably sympathetic of some vaso-motor abnormality, in treating this symptom those remedies which have a selective action on the kidneys, should, if used at all, occupy a place in the treatment subsidiary to those which increase vascular tonus. The selection of the remedy for the cardiopathy will, of course, be governed by individual symptoms. Cactus, when there are subjective sensations of oppression, or constriction in the cardiac region, an irregular pulse and attacks of hyperkinesis. Strophan-

thus, when the subjective sensations are not especially pronounced, but the pulse is feeble and increased in frequency, the extremities cold, indicating a slow, venous return. Convaelaria in arrythmia, and a tendency to edema. Digitalis may be useful, but its prolonged use is objectionable because of a possible cumulative action and its tendency to produce gastric irritation. When the heart action is embarrassed by a distended stomach, the result of fermentative dyspepsia, a mixture of *nux*, *hydrastine* and *asepsin* is the "heart remedy" par excellence. *Avena*, *pulsatilla*, *hyoscyamus*, *scutellaria* and other remedies which favorably influence the sympathetic system, may also be indicated. A laxative tonic such as a cascara cordial, or the pill of *podophyllin* and *hydrastin* is also useful in producing regular evacuation of the bowels. In some cases there could be no objection to a general reconstructive, such as the hypophosphites, or acid solution of iron. Medicinal treatment should be further supplemented by outdoor exercise, an abundance of wholesome, nourishing food and a proper amount of sleep. The removal of reflex sources of irritation, such as hemorrhoids, rectal papillæ or fissures, the dilation of the urethra when the seat of stricture; or circumcision, when the prepuce is abnormally long or adherent, needs only to be mentioned.

The following illustrates a typical case of cyclic albuminuria: The patient, a male of twenty, had suffered during childhood from an attack of measles and of typhoid fever, from which he had apparently recovered. For more than a year before consulting the writer he had been under the care of three different physicians. He had been unable to continue at his occupation, that of an accountant, and besides taking the medicines prescribed by his physicians, he had taken courses of treatment at medicinal springs. He was anemic, irritable, appeared very despondent, and said that he felt tired and drowsy. He suffered from severe headaches, and had attacks of cardiac palpitation, with considerable pain and a feeling of oppression in the region of the heart. The appetite was capricious, and the bowels constipated. His case had been variously diagnosed as an incurable form of Bright's disease, malaria and "heart disease." A careful physical examination showed nothing abnormal, and the heart symptoms were purely functional in nature. The urine was normal in quantity, and that first examined was some voided about midday and contained quite a quantity of albumin; the next sample happened to be some passed early in the morning and contained not a trace of albumin. Suspicion was at once aroused, and repeated urinary examinations revealed a typical case of cyclic albuminuria. He was given: R. Specific med. *cactus*, one drachm; specific med. *pulsatilla*, twenty drops; specific med. *avena*, three drachms; elixir *simplex* q. s., four ounces. M. sig.: A teaspoonful every three hours.

R. Cascara cordial, elixir lactated pepsin $\frac{1}{2}$ a, two ounces. M. sig.: Tea-spoonful after meals. As a general reconstructive, a compound syrup of hypophosphites was ordered to be taken before meals. Improvement began at once, and the treatment was not varied. After recognizing the true nature of the case, a favorable prognosis was given, thus relieving the patient of ceaseless anxiety and worry over dangers which did not exist. After two weeks of this treatment the distressing headaches had entirely ceased, the bowels were moving regularly, the subjective heart symptoms were much improved, and he had resumed his former position. After continuing this treatment for one month the albumin was decidedly decreased in amount, the heart action was entirely normal, no headaches, and the patient said that he never felt better.

In conclusion, another point which suggests itself is the necessity of exercising care in pronouncing any case of albuminuria one of Bright's disease until all evidence is conclusive. The information that he is suffering from a condition so notoriously incurable as Bright's disease is hardly calculated to make the patient feel elated, and should the diagnosis prove incorrect, the depressed, emotional state must surely militate against the treatment. The practical importance also of this subject to examiners for insurance companies needs only to be mentioned.

SPECIFICS FOR TYPHOID.

By J. S. NEIDERKORN, M. D., Versailles, Ohio.

"There are no specifics for typhoid fever," is a remark so often repeated that even a reference to that expression is reluctantly made, and then, "under protest." And that brings to our mind a query, From whence comes this wail? It certainly does not require an excessive amount of comprehension to be able to distinctly locate its source; it is no lie to say that it comes from those who must apply a routine, stereotyped treatment to anything that has a name to it; and it is very near the truth when I say that it does *not* come from an up-to-date specific medicationist, or a thorough homeopath, for the very simple reason that they never find occasion to make such an assertion, and that because they prescribe their remedies as they are called for in any case by well defined pathological condition.

It does seem to me that it would not require a great deal of effort to drive to a stand-still any one who must have a *proper remedy for a more successful treatment of typhoid fever*, and by that I mean a fellow who must shoot away at a nosological arrangement, irrespective of existing

conditions. This same fellow who is always looking around for a new remedy for typhoid fever, I presume is really in need of something better than he is acquainted with, either for the reason that his is a stereotyped treatment for every case, or because he has but a limited acquaintance with the *materia medica*. I will wager a year's salary that that physician who exercises great care in the selection of proper and indicated therapeutic agents for the treatment of his case in hand, will not need to resort to powerful stimulants, oxygen, artificial respiration and other heroic measures in order to save the life of his patient, and his mortality per cent. will be surprisingly low—decidedly lower than that of the physician who falls a victim to every new fad or “specific remedy.” It is immaterial to the utmost degree whether ulceration of Peyer's patches is the cause of typhoid fever, or whether the typhoid bacilli should be entitled to that distinction; the undisputable fact remains that nearly all cases that are treated according to the principles of specific indications and specific medication fully recover, and an experienced, well-tried-out and proven fact is the greatest source and proof for dependence. I am a believer in intestinal antiseptics, but not to the extent to insist that any one of them is a specific for typhoid fever, or that any particular one is the ideal one for every case.

These should be selected and administered with as much care as are all other remedies in any case. If intestinal antiseptics are indicated, there is something present in the case which will suggest this or that one, and *not* any or all of them indiscriminately and haphazardly. Even this antiseptic idea can show its weakness so perceptibly that its positiveness can be questioned with reason. For instance, *rhus tox.* is not usually classified with intestinal antiseptics or antizymotics; yet given in a case of typhoid fever, or any fever, where there is muttering delirium, tympanites, dry, red tongue and mucous membranes, brown sordes, and this remedy is *indicated* and usually promotes happy results. Does *rhus tox.* possess inherent antiseptic properties? Or has it antiseptic properties which antagonize diseased processes within the intestines, or within the blood? Does it support or increase vital forces and forestall destruction of red corpuscles? Is it an antiseptic in the sense intended by the intestinal antiseptic faddist? Five drops of specific med. *rhus tox.*, added to four ounces of water, and a teaspoonful of this mixture given every hour will, within forty-eight hours, prove that the above-given indications for the remedy are not merely theoretical utterings. Sulpho-carbolate of zinc and sulpho-carbolate of soda are considered ideal intestinal antiseptics; yet either one of them is selected because experience has proven the definite indications for each.

Carbolic acid, salol, carbonate guaiacol, chlorate potash, sulphite of soda, sulphurous acid, hydrochloric acid, baptisia, echinacea and others

are selected each for its own case. That physician who can nicely disregard nosological classification in so far as concerns direct medication, and exhibit his remedies with a definite purpose, will be able to demonstrate satisfactorily that he cannot justly be accused of being driven to a stand-still in the successful management of typhoid fever.

TEXAS.

By L. S. Downs, M. D., Galveston, Tex.

It is now high time for Texas eclectics to begin to save up dollars and therapeutical material for the coming October meeting. Galveston, the Sea Wall City, will thrice welcome you with her grand beach and bathing facilities; her magnificent gulf and bay, freighted with her marine monsters from every civilized nation under the sun, and her engineering problem of erecting a mighty breast work against the thunderings of an enraged deep, and the gigantic enterprise of raising the grade of the city from five to seventeen feet above the monster as it lies sleeping at her feet.

He who has not a kindly feeling for this gem of the gulf, as she rests superbly in this band of granite and masonry, and will not grasp the first opportunity to pay his respects to her and her heroic people, has no love in his soul for the grand and true, has a heart as hard as the granite which divides forever the city from the sea.

Do not miss this opportunity to see this coming seaport of the world. Let us have a grand reunion. Old Texas has been sleeping upon her eclectic laurels. It is time now for her to awaken and take her place where she justly belongs—in the van of eclecticism.

Let us hear from you and what you propose to do for the cause in general, and this meeting in particular. Every eclectic in Texas is expected to do something for our coming meeting, and those who can are in duty bound to be present.

The Texas Board of Medical Examiners will hold its regular semi-annual meeting at Dallas, April 26 and 27, at the Oriental Hotel.

As continual inquiry is being made by members of all schools in the various States as to the requirements of Texas State law, I will briefly give the facts: Those who are legally practicing in other States and holding a certificate from a medical board whose requirements are equal to those of Texas, are entitled to a certificate on the payment of the fee of \$15. Those who hold only diplomas from reputable colleges must appear with their credentials before the board for examination.

Texas should send the largest delegation of any State in the Union, except perhaps Missouri and Illinois, to the National at St. Louis. I

would like to have an expression from every eclectic in the State who is contemplating making this trip. It will be to your interest to advise with me.

There are hundreds of desirable locations still open in Texas for eclectics of pluck and education. For young men and men of delicate constitutions there is not a field so inviting as the Lone Star State. Scarcely a day this winter but what the sun shone most of the time, and an overcoat was a burden.

The old school is organizing all over this State, and unless we are vigilant and keep our minutiess of war ready for immediate use, we need not be surprised to see our long fought for and cherished rights stricken from us and our last estate be worse than the first. A few of our old-school brethren in this State feel kindly toward us, and would gather us as a hen gathereth her brood under her wings, but the rank and file of the profession in this State have no sympathy with our school, and would gladly welcome an opportunity to not only usurp our constitutional rights, but would annihilate us as a school. I do not advocate contention and professional strife, but let us stand up like men for our rights, and if any man dare lay a ruthless hand upon them, let him feel the power of outraged liberty of thought and conscience.

OBSTETRICAL DON'TS.*

By FLORENCE N. WARD, M. D., San Francisco, Cal.

Don't rush your labor cases. Nature has a great way of retaliating by throwing in a few complications before you are through.

Don't forget that ante-partum care is the key-note of obstetrical treatment to-day.

Don't make any more digital examinations than can possibly be avoided.

Don't neglect to observe nature's method of managing a normal labor. You may pick up a few points. She was in the business before you began.

Don't forget that eternal vigilance is the price to be paid for aseptic conduct of labor.

Don't pose as a prophet as to the length of labor nor the sex of the child; they belong to that realm "where you can't sometimes most always tell."

Don't permit vaginal douches after labor. The normal outcurrents from the uterus will be sufficient protection for the vaginal canal.

*Here is a list of Don'ts that compresses a lifetime of Obstetrical study within the compass of a few pages of print.—*The Editor of the American Physician.*

Don't be tempted to give ergot until the uterus is entirely empty.

Don't apply forceps unless there is a decided indication for their use.

Don't forget that version is safer than high forceps operation if the head has not engaged in the superior strait.

Don't forget the line of traction in forceps delivery.

Don't neglect to perfect yourself in ante-partum examinations. Under the educated touch the position and presentation may be demonstrated as readily as though the maternal structures were transparent.

Don't forget the prime necessity of maintaining flexion in every evolution of the child through the parturient canal.

Don't forget that bichloride covers a multitude of sins, but it cannot compare in value with absolute surgical cleanliness of everything brought in contact with the vulva.

Don't make traction upon the child in breech presentation until the umbilicus reaches the vulva, and then, in case of necessity, have an assistant maintain supra-pubic pressure upon the head.

Don't waste time in a post-partum hemorrhage with lesser measures. If you cannot obtain contraction of the uterus, pack it at once with gauze firmly and thoroughly.

Don't forget that the aim of the obstetrician should be not only to conduct the patient through the perils of childbirth, but to see to it that the pelvis has returned to normal condition as it was before pregnancy took place.

Don't forget to be gentle in your manipulations upon an asphyxiated child. Too vigorous manipulations mean shock and trauma.

Don't forget to observe the pulse during labor. A rapid pulse is always the forerunner of disaster.

Don't leave the patient when labor is completed until the pulse has fallen to or below the normal line.

Don't forget the great value of the homeopathic remedies in controlling the pathological processes and constitutional tendencies during pregnancy, labor and the lying-in period.

Don't pull the cord. Inversion of the uterus and retention of portions of the placenta or membranes have been known to result from such strenuous efforts.

Don't forget that eclampsia, like puerperal infection, is the result of intoxication, one from within, the other from without, but both, in a large measure, preventable diseases.

Don't allow your pregnant patients to omit sending the urine for examination every two weeks, and observe if defective elimination of urea is noticed.

Don't fail to warn your patients to consult you immediately if the head aches, disturbed vision, vertigo, edema of face or extremities appear.

Don't forget that the perineum is best protected by supporting the head and preventing its extension until the occiput has first been delivered under the pubic arch.

Don't neglect to examine carefully the vulva and pelvic floor for lacerations at the close of the second stage.

Don't hesitate to admit that they exist and take steps for their immediate repair. The day of the "physician who has had a thousand obstetrical cases without a laceration" is past.

Don't rupture the membrane unless some special indication exists for actual interference.

Don't overlook the rhythmic action of labor and the longer pauses, or rests, at the inauguration of each stage, which are perfectly physiological.

Don't hasten the delivery of the shoulders after the head has rotated externally.

Don't forget to learn your patient's power of elimination during pregnancy, and keep her well within that limit.

Don't forget that a knowledge of the aseptic conduct of labor will avail but little if infinite pains are not taken to carry out its minutest detail.

Don't neglect occiput posterior cases. Early rotation to occiput anterior means lessened mortality to the child and saving of maternal soft parts.

Don't let your patient forget to report for post partum examination six weeks after the time of delivery. It is better for you to discover any lesions that may exist than for some brother practitioner to denounce you for not discovering them.

Don't make traction on the membranes if they are nipped in the contracted uterus. With the next relaxation of the uterus they will readily slip out.

Don't forget that masterly inactivity during normal conditions, keen discernment for impending danger, and swift action in emergency are the essentials of the best obstetrician of to day.

Lastly, and above all, don't neglect to place a just fee upon your obstetrical cases. The old time fee is too meager for the modern obstetrical work, which includes the ante partum preparation, the labor itself, and the post-partum reparation.—*Pacific Coast Journal Homeopathy.*

WARNS OF TYPHOID PERIL, PNEUMONIA.—Chicago, Ill., March 9. Pneumonia continues to claim many victims in Chicago and according to the Health Department if the daily average is maintained until the last of April the deaths from this disease since November 1 will exceed

2800. Now a typhoid epidemic threatens. Of the condition of the water supply the weekly health bulletin says:

The city water is still bad, all stations—with only one or two exceptions—showing the presence of contamination every day during the week. The conditions foreshadow an increase of typhoid fever, which will, of course, be chiefly among those who have been drinking the contaminated hydrant water. All drinking water at the present time should be sterilized by boiling.

Cultures show the diphtheria bacillus in about the same proportion as last week. Influenza is still present to a large extent, but the virulence of the germ is milder. There is a marked increase of staphylococcus present, the germ that causes tonsillitis.

The following table shows the total deaths from all causes, the deaths from consumption and from pneumonia, and the proportions to total deaths, in New York and in Chicago thus far during the current pneumonia season—November 1, 1903, to March 5, 1894, inclusive:

New York—total deaths, all causes, 26,195; pneumonia deaths, 5,506; consumption deaths, 2,908.

Chicago—total deaths, all causes, 10,179; pneumonia deaths, 2,186; consumption deaths, 970.

Proportion per cent. of all deaths—

New York—from pneumonia, 21.0; from consumption, 11.1.

Chicago—from pneumonia, 21.4; from consumption, 9.5.

"New York's estimated mid-year 1904 population is 3,838,000 or just about double Chicago's 1,950,000," says the health bulletin. In proportion to population, therefore, these figures show for Chicago 30 per cent. fewer total deaths, all causes; 27 per cent. fewer pneumonia deaths, and 50 per cent. fewer consumption deaths.—*Daily Medical*. [Read elsewhere in this issue the "solar plexus" blow given typhoid-fever-bacillus-in-water theory by a learned Chicago professor, and he swore to it.—B.]

LA GRIPPE has been and is still epidemic in this locality. Chilliness, continuously, but not a distinct chill as in ague; aching of bones and joints, wandering pains, sometimes acute, lancinating; soreness of muscles, local in some cases, muscles of entire body in other cases; headache, throbbing in most cases; tongue moist and presenting a whitish surface, papillæ, enlarged; bade taste in the mouth, with loss of taste—patient can scarcely tell the difference in the taste of different articles of food; bowels torpid; a paucity of urine in most cases; fever continuous, although of so low temperature that the fever may be overlooked by a careless observer; general prostration of the nervous system, evidenced by lassitude and indisposition to exercise of body or mind. These are the most common symptoms. In some cases there is a catarrhal

condition of the nares and antrum of Highmore and of frontal bones, with consequent neuralgia ; appetite indifferent and thirst not marked.

The remedies which relieve these conditions are aconite, bryonia, arnica, gelsemium, potassium, bicarbonate and podophyllin tritiate. Stop all foods until appetite becomes urgent, then plain, coarse food—plain corn bread, with no grease in it ; graham flour bread (not baker's bread), fruits, milk and boiled vegetables, but nothing fried ; no coffee or tea, but cocoa, and water *ad libitum*. A hot saline bath two or three times a week. No purgatives, no quinine, no whisky, no opiates to relieve the pain, but administer powders composed of potassium-bicarbonate, one gram ; sodium-carbonate, one gram ; acetanilid powder, two grams, in five-grain doses every hour if necessary. No need of heart stimulants. Should there be pus formations, give echafolta, a sure blood sterilizer.

Great is echafolta in pediculi capitis, applied locally in full strength.

In frequent urination of women, specific agrimonnia in drop doses every hour will relieve every case.

For catarrh of nasal and adjoining cavities, make use of an alboline atomizer with phenol, one gram ; oleic acid, one gram ; alboline, fifteen grams, filling the cavities of the nose and pharynx with the atomized liquid ; close the mouth, compress the nostrils and force the surcharged vapor into the adjoining cavities. [This article became separated from the letter containing the author's name. We are very sorry.—B.]

MEDICINE AS A PROFESSION.—In one of his recent "Fables in Slang," Mr. George Ade cleverly satirizes the chances for emolument in the medical profession as follows :

"Once there was a Young Man with a College Education, an assort-
ment of Cravats and about \$8 in Real Money, who was anxiously look-
ing for his Life Work.

"He wanted to break into a Learned Profession that he could wear his Good Clothes all of the Time and get the Coin without working too hard for it.

"His idea of a dignified Snap was to sit in a small Office about three hours every Day and have the Public come in and pass Money to him. The Medical Game struck him as being about the softest Proposition of all.

"He thought that all Doc had to do was to lead the Mark into the Chamber of Horrors where they have the Skulls and Buteher Knives, look him over, ask a few Questions, tell him to stop Smoking and then tap him for a V.

"So the Hopeful Graduate went to the old Family Physician for a few Tips.

"The antique Medicine Man threw a Back Twister when he heard of the Boy's Intentions.

"Any one who tackles the *Æsculapian Stunt* is a vitrified Nutt," said his Whiskers. "If you must earn your Living be a Porch Climber or Short Change Man. We now have in this Country four Medical Degrees to every case of Tonsilitis. Most of us are kept so close to the Carpet that we have to buy last year's Magazines to put in the Waiting Room. If a Patient dies all of his Friends say that you helped to push him off, so they undermine your Practice and begin to plug for Christian Science. If he gets well he gives you the Laugh, and you have to go go after him with a Constable. If you acquire a Reputation they work the Night Bell on you, and if you arrange a Dinner Party it's a Cinch that some Old Lady three miles away will ring in an Epileptic Fit and crab your whole Evening. Nix the *Materia Medica*! Turn back before it is too late."—*Medical Book News*.

LET THERE BE LIGHT.—"Let us open ourselves to every source of light, and strive to find the truth." (*January World*, page 37, bottom of second column, note by the editor.)

To this I say, amen! And when we have seen the light, let us acknowledge the source of it.

How many physicians know who discovered and introduced such a well-known remedy as podophyllin? The remedy is used daily by thousands of physicians of the different so-called "schools," yet I doubt if many know that podophyllin was discovered and introduced by Dr. John King, one of the war horses of eclecticism, in the year 1835.

How many physicians give credit to our homeopathic brethren for discovering the therapeutic value of nitro-glycerin?

From whence came the idea of giving bryonia in diseases of the respiratory organs? In looking over works on *materia medica* we find that bryonia is "an irritant to the gastro-intestinal mucous membranes; a hydragog cathartic." How came it to pass that graduates of schools which placed the above works on *materia medica* in the hands of students, are using bryonia, pulsatilla and other remedies not mentioned by the professor of *materia medica* during their course of study? Evidently the light was reflected on them from the eclectics and homeopaths.

I would say to Dr. Anderson, page 37, *January World*, that the terms "regular," eclectic, etc., must of necessity be used by the different medical sects. The members of these sects are physicians in the same sense that the members of the various and numerous religious sects are called Christians. They are all striving to attain the same end by different methods; and each sect is confident that its method is the best.

The eclectics have evolved a rich and valuable *materia medica* from our indigenous plants; hence they style themselves the American school. The homeopathic school rests upon the solid rock, "similia similibus

curantur." The eclectic prescribes his remedies in accordance with "specific indications," the fundamental doctrine of that school of medicine. The homeopath finds the same indications for remedies in 1904 that were recorded 100 years ago by the father of homeopathy. A remedy which relieved a certain condition 100 years ago will, in the hands of the homeopathic prescriber, produce the same results to-day. How many remedies are used by the so-called "regular" to-day in the same manner as they were 100 years ago? or even 20 years ago?

I do not think the terms which designate the different medical sects will be lost in the generic term "physician," until the regular medical school gives instructions in the fundamental principles of the different methods of treating disease expression as now taught by other schools of medicine. Then the term physician will signify a great deal.

"Let us open ourselves to every source of light, and strive to find the truth." And after we have found the truth, let us speak it in open meeting.—*W. H. Russell, M. D., Ipswich, Mass., in the Medical World.*

WATER AND TYPHOID.—The theory of physicians and others that typhoid germs may be carried down streams for long distances, has probably received its death blow. It may be that it is only a strong jab on its solar-plexus, and from it will recover in due time after the count. Chicago University considers that a part of its duties is to make "discoveries." Its latest effort in this line has been announced by Prof. Edwin P. Jordan, who must be classed as little less than a second Columbus in view of the extraordinary nature of his find. And what adds to the gravity of the situation is that the declaration was made under oath, during the hearing of the Interstate Canal case in Chicago. Prof. Jordan was testifying as an expert. He said that experiments made by him recently proved that typhoid germs will not live longer than two days in water polluted by sewage, and will not live longer than ten days in ordinary pure water. Now here is a dilemma. Most persons want to be on the safe side, and yet there are some things at which one may very naturally hesitate. If less danger lurks in polluted water than in ordinary water then the former would have preference from a hygienic point of view. We believe, however, that the average man will, in selecting his drinking, take his chances with that which contains, or may contain, the older inhabitant. The safe way, after all, is to boil the water; possibly the boiling may destroy some of its nutritive qualities but it is better to live on less than not to live at all.—*Daily Medical, February 26, 1904.* [This will hardly be accepted by the majority of the profession, as it is but another spike driven into the coffin of the theories upon which scientific medicine now stands.—B.]

LAY ADVICE TO RECENT GRADUATES IN MEDICINE.—In an editorial in the *Outlook*, June 27, 1903, are some timely bits of advise to recent college graduates, one of which is intended for graduates in medicine:

“Or are you going to practice medicine? If your patients were all reasonable men and women your task would be easy; but they are not. Even in their best estate they are not all reasonable men and women, and you will have to deal with them when they are not in their best estate, but are morbid.

“You will have to deal with patients who throw your medicine out of the window, and still expect you to cure them; in one house, with a mother busy with other things, and careless of the sick child; an another house with a mother whose weak and tearful sympathy does much to negative the influence of your presence and the effect of your medicines.

“It is not enough for you to know physiology and anatomy and therapeutics; not enough for you to know what your medical school has told you; you must know men and women—their physical constitutions, their mental and moral constitutions.

“You must understand them—their life, their narrowness, their prejudice, their unreasonableness. You must see into them, that you may minister to them.”—*Medical Book News*.

BAPTISIA TINCTORA.—*John William Fyfe, M. D.*—The properties usually designated as alterative are possessed by baptisia in a very marked degree, and it has, therefore, a decided control over all abnormal conditions in which the influence of these properties is needed.

In all diseases of the glandular system baptisia is one of our most reliable remedial agents. In hepatic derangements it may well constitute a prominent part of the treatment, and in the various forms of stomatitis, putrid sore throat and scarlatina maligna it can be employed with confidence that it will render good service. In typhoid fever, and in dysentery, diarrhoea and inflammation of the bowels, as well as in all forms of disease showing a tendency to the development of typhoid conditions, baptisia is an efficient remedial agent. It also constitutes a medicament of superior merit in ulcerative inflammation of any of the internal organs when there is evidence of ulceration, gangrene or mortification. In dyspepsia, accompanied by irritability of the stomach, with acid eructations, griping pains and looseness of the bowels, the evacuations being frequent, small and offensive, it is a most useful remedy. In scrofula and in cutaneous affections small and long continued doses of baptisia act in a curative direction, and in all low forms of fever, as well as in all cold and indolent states, its influence is mark-

edly beneficial. Its emmenagogue properties are very energetic and of value in the treatment of amenorrhoea and vicarious menstruation, and in leucorrhoea it constitutes an effective local as well as internal means of relief. In pneumonia and chronic rheumatism it is many times useful and in erysipelas it is a most desirable remedy.

Locally it is a favorite medicament in erysipelatous ulcers, ulcerated sore mouth and throat, ulcerations of the cervix uteri, otorrhoea, sore nipples, mammary and other abscesses, and all affections having a gangrenous tendency.

Baptisia is said to be contra-indicated during gestation, but it does not seem that smaller than very poisonous doses have ever produced abortion. In large doses it causes nausea, emesis and catharsis.

Baptisia is alterative, emmenagogue, antiseptic, tonic and stimulant.

Among the many indications for baptisia the following are perhaps the most frequently met with: Dusky coloration of the tongue and mucous membranes; full and purplish face, like one who has been long exposed to severe cold; in typhoid conditions with a continued moist, pasty coating on a tongue of natural redness; slick tongue, looking much like raw beef; stools looking like "prune-juice or meat washings;" dark tar-like, fetid discharges, mixed with decomposed blood; livid or blanched mucous membranes; putrid secretions.

The dose of Specific Baptisia is from 1 to 10 drops, but it is usually employed as follows: & Baptisia, gtt. v to xx water, 3iv; teaspoonful every hour or two.—*The Eclectic Review.*

CARD TO HANG IN SICK ROOM.—This is a set of rules for procedure in time of sickness. These rules are brief yet so comprehensive that if they are followed, all danger of infection will be avoided. They are expressed in simple and clear language. No attempt is made to give reasons, or to explain the principles at the basis of each direction; nothing is given but positive orders such as will be most easy to understand and therefore most useful in time of actual sickness.

One side of the card is given up to the important matters of disinfection and fumigation. How to disinfect in the sick room itself is described and also how to use disinfectants beneficially under ordinary conditions in the household.

How to fumigate a room after recovery or death from contagious diseases is also given. The rules for this are such that, if carefully followed, absolute purification of sick room and contents is assured.

The opposite side of the card is printed in large type to make instant and easy impression upon the eye. It is expected that this side will be hung outward and the rules thereon be always available for

reference. The importance and usefulness of these rules will best be seen if they are quoted in full:

Keep the room aired (without draughts) pleasant and quiet.

Keep out all carpets, drapery, clothing and furniture not needed.

Admit no visitors without permission of the physician.

The room, nurse and patient should be kept perfectly clean.

Never allow a bad smell to exist.

All body or bed clothing, towels, napkins, cloths, bandages or sponges must be disinfected before being taken from the room.

Dishes which have been in the sick room must be disinfected before being taken away.

Discharges from the sick room must be received in a vessel containing a disinfectant.

Consider that everything that has been brought into the sick room has become infected and needs disinfection before being carried out.

Don't leave the room, or eat without first washing your hands with antiseptic soap.—*Red Cross Notes.*

USES AND ABUSES OF URETHRAL SOUND.—1. When the urethra has been involved by inflammation, specific or otherwise, no instrument, and especially the steel sound, should be used until the urine is clear excepting for shreds or floating particles. (Prostatic plugs.)

2. The urethra should in all cases be flushed with an antiseptic solution (formaldehyde, 1-3,000) before the passage of any instrument. Following its withdrawal an astringent should be used, preferably silver nitrate 1-10,000.

3. A sound should never be passed for at least three months following acute gonorrhreal infection, and then only when the urine is as in No. 1.

When dilation of a stricture will answer, sounds are increased in size according to the tissue forming the pathologic growth and its location. True gonorrhreal strictures of the deep urethra may be dilated five or six numbers at each sitting, up to 18 or 20 F.; following this two or three numbers should be the rule.

5. In case of traumatic or gonorrhreal stricture in the pendulous urethra, or when the sound is followed by marked irritation, etc., cutting gives the best results.

6. When the contraction seems not to dilate without too much force, weekly treatments being followed by considerable irritation, making the interval 10 to 14 days is generally followed by the most gratifying results.

7. Stricture can be permanently eradicated. This occurs when after dilating the circular muscles of the canal to their fullest extent,

without rupturing, no bloody string is found in the washings after four to six dilations which have varied from one to four months apart.—*Am. Medicine.*

CAUSES OF COLDS.—The invariable cause of colds comes from within, not without. No one takes cold when in a vigorous state of health, with pure blood coursing through the body, and there is no good reason why any one in ordinary health should have a cold. It may come from insufficient exercise, breathing of foul air, want of wholesome food, excess of food, lack of bathing, etc., but always from some violation of the plain laws of health.

There can be no more prolific cause of colds than highly-seasoned foods as well as frequent eating. These give no time for the digestive organs to rest and incite an increased flow of the digestive secretions. Thus larger quantities of nourishment are absorbed than can be properly utilized, and the result is an obstruction, commonly called a "cold," which is simply an effort of the system to expel the useless material. Properly speaking, it is self poisoning, due to an incapability of the organism to regulate and compensate for the disturbance.

A deficient supply of pure air to the lungs is not only a strong predisposing cause for colds, but is a prolific source of much graver conditions. Pure air and exercise are necessary to prepare the system for the assimilation of nutriment, for without them there can be no vigorous health. The oxygen of the air we breathe regulates the appetite as well as the nutriment that is built up in the system.

The safest and best way to avoid colds is to sleep in a room with the windows wide open, and to remain out of doors every day, no matter what may be the weather, for at least two hours, preferably with some kind of exercise, if no more than walking. One should not sit down to rest while the feet are wet or the clothing damp. A person may go with the clothing wet through to the skin all day if he but keeps moving. Exercise keeps up the circulation and prevents taking cold.

The physiologic care of colds is the prevention of the occurrence. The person who does not carry around an oversupply of alimentation in his system, and furthermore secures a purified circulation by strict sanitary cleanliness, thus placing himself in a positive condition, is immune to colds. A starving man cannot take cold.

A careful diet would exclude the use of all narcotics, and all food that is not thoroughly appropriated. An overfed person is worse off than one who is underfed, because the overfed body is taxed to dispose of what cannot be appropriated and, when not properly disposed of, remains only to be an element of danger.—*Daily Medical.*

HOW TO TAKE CARE OF MILK — The following instructions for the home care of milk are issued by a committee of the Chicago Medical Society, as reported in *The Medical News*:

"No milk should be accepted unless bottled and sealed, and delivered from wagons with coolers. The bottle should be taken from the deliverer (not be left to stand in doorways and halls) and placed immediately upon ice. In the absence of ice, the cold bottle should be wrapped loosely in paper, old newspapers, and kept in the coolest corner. Never put the cold bottle under the faucet; a simple paper wrapping will, if dry, keep out the heat for many hours. Never remove more milk or cream from the bottle than is needed for immediate use, replacing the cover at once. The cover should be handled with a clean fork. If cream is needed, remove carefully by pouring from the top layer. If whole milk, shake the bottle before unsealing. If properly stoppered, it can be inverted repeatedly till thoroughly mixed. When small quantities of milk or cream are needed at short intervals, it is better to order two or more small bottles than one large one, allowing the reserve supply to stand wrapped, sealed and undisturbed. It should be borne in mind that every contact of the milk with cups, spoons, feeders, or even the air, increases the danger of contamination by germs, from which no household is free."

EXPECTORANTS in infancy, it is the belief of many, are seldom if ever indicated, where other measures, counter-irritation, inhalations, etc., can be carried out.—*Medical Summary*.

WHEN an artery of fair size has been cut through and, after tying the proximal end, the distal end cannot be found, it is advisable to pack the wound with gauze for 24 to 48 hours before finally closing it.—*International Journal of Surgery*.

NOTES AND SOCIETIES.

THE Arkansas eclectics are leaving nothing undone that will make their coming State meeting, April 12, 13 and 14, at Little Rock, a complete success. The officers are: Drs. T. J. Daniel, Magazine, President; J. W. Dalton, Dalton, and J. H. Snowden, Center Ridge, Vice-Presidents; J. L. Vail, Little Rock, Secretary, and A. J. Widener, Little Rock, Treasurer. The section Chairmen are: *Materia Medica*—Dr. T. Clay. *Practice*—Dr. E. H. Stevenson, Fort Smith. *Pediatrics*—Dr. J. F. Lewis. *Obstetrics*—Dr. J. C. Huntley. *Eye, Ear, Nose and Throat*—Dr. W. S. May. *Surgery*—Dr. R. L. Smith. We know they will make the meeting a good one. We hope they will see that a large delegation comes to the National.

THE CONNECTICUT ECLECTIC MEETING.

THE forty-ninth annual meeting of the Connecticut Eclectic Medical Association will be held at the Allyn House, Hartford, on Tuesday, May 10, 1904. The officers are: President, Dr. Leonard Bailey, Middletown; Vice-President, Dr. C. Art Ward, Waterbury; Treasurer, Dr. Leroy A. Smith, Higganum; Corresponding and Recording Secretary, Dr. George A. Faber, Waterbury; Censors, Drs. Thomas S. Hodge, Torrington; George B. Bristol, Middlebury; E. M. Ripley, Unionville; Leroe A. Smith, Higgnum. The following committees were appointed to report at the annual meeting, 1904: *Surgery*—Drs. Charles W. Fitch, Chairman, 640 Madison avenue, New York, and Henry Bickford, Secretary, 98 Ann street, Hartford. *New Remedies and Treatment*—Drs. John W. Fife, Chairman, Saugatuck; Fred H. Williams, Secretary, Bristol. *Obstetrics*—Drs. S. B. Munn, Chairman, Waterbury; Frank A. Buckley, Secretary, Mystic. *Diseases of Children*—Drs. E. M. Ripley, Chairman, Unionville; Leonard Bailey, Secretary, Middletown. *Diseases of Respiratory Organs*—Drs. H. H. Converse, Chairman, Eastford; M. L. Marsh, Secretary, New Britain. Case in practice is to be reported by the following: Drs. H. J. Mason, Newark, N. J.; Fred W. Abbott, Tauton, Mass.; Davis P. Borden, Patterson, N. J.; H. H. Converse, Eastford; Hugh J. DeVer, Waterbury; I. V. Gallup, Willimantic; John A. Hutchinson, New Haven; Royal E. S. Hayes, Hazardville; L. S. Luddington, New Britain; E. H. Marsh, Mansfield Center; Anna E. Park, 567 West Twenty-third street, New York; August Richter, Bridgeport; James T. Tonks, Westbrook; Frank B. Converse, Westford; C. Art Ward, Waterbury; G. W. H. Williams, N. Grosvenordale; Frank Webb, Bridgeport.

THE Georgia Eclectic Medical Association held its thirtieth annual meeting at Atlanta March 30 and 31. Dr. W. H. Durham, of Atlanta, was President; Dr. C. N. Wilson, of Maysville, and Dr. J. V. M. Cain, of Atlanta, Vice Presidents; Dr. C. H. Doss, of Moreland, Secretary, and Dr. W. J. Auten, of Atlanta, Treasurer. We have no doubt but that the meeting was a very successful one. We are very sorry that the information concerning it did not reach us in time for at least our March issue.

THE IOWA ECLECTIC MEETING.

THE Iowa State Eclectic Medical Society will hold its 1904 meeting at Des Moines, May 11 and 12. We know that when the Iowaians get together they have a good meeting and a good time. We have been there, and we are sorry we cannot go every year. Dr. J. H. White, of Mt. Ayr, is President; Dr. W. L. Bullis, Allerton, Vice-President; Dr. E. D. Wiley, Des Moines, Secretary; Dr. E. H. Ellingsen, Calmar, Recording Secretary; Dr. B. T. Gadd, Mitchellville, Treasurer; Board of

Censors, Drs. Harry V. Brown, W. W. Maple and H. N. Byers. Drs. K. O. Foltz, of Cincinnati, and Finley Ellingwood, of Chicago, will attend this meeting.

KENTUCKY ECLECTIC MEDICAL ASSOCIATION.

The State Society will hold its annual session at Louisville on May 3 and 4. We will have numerous good papers and a general good time. You can get a one-fare for round trip on railroads on account of Derby day. Every eclectic, whose name we have, has received a letter asking his coöperation and assistance in making this a banner meeting. It behooves each and every one to attend and perfect our organization. We felt the need of a strong organization in our fight before the State Legislature for a just medical law. We are glad to report a successful outcome.

It is the desire of the officers of our State Society that Kentucky be well represented at the National in St. Louis. Brothers, make a few individual sacrifices for the general good. Fraternally,

DR. J. C. MITCHELL, President, Louisville.

DR. L. O. WOOD, Corresponding Secretary, Hopson.

ECLECTIC MEDICAL SOCIETY OF MISSOURI.

We recently sent out circular letters to every eclectic physician in the State. If you have not received one let us know and we will forward it. We have fired the opening gun, and propose to keep up the bombardment until we have you all captured and imprisoned at Hotel Epworth, June 13 to 18 next.

The Eclectic Medical Society of Missouri will convene at the above hostelry in St. Louis June 13 at 9 a. m. sharp, and we desire that you all be there. We will hold three sessions on that day—one in the morning, one in the afternoon and one at night. On the evening of June 14 we will unite in giving the National a monster reception on the roof-garden of Hotel Epworth. June 15 will be "Eclectic Day" at the World's Fair, and everybody is expected to be there and wear a badge with the word "ECLECTIC" printed thereon.

Now, Doctor, we are preparing to entertain you royally next June, and you cannot afford to stay away. You may never again have another such opportunity to enjoy yourself among your confreres. Nearly half of the rooms reserved for the National are already taken, and some of the State societies have fifty rooms engaged, so do not delay in reserving accommodations. The hotel company is being flooded daily with applications, and we may not be able to get more than those already reserved. You may be forced to go elsewhere and pay more. The \$1.00 per day rate, to which we are entitled, is to be raised when the Exposition opens

April 30, and all those not having certificates will have to pay the increased rate. You will also be required to pay the increased rate for the number of days overtime you are a guest of the hotel, so we would advise you to have your certificate read the full number of days you intend to stay.

In connection with our State Society contract, we wish to state that every certificate purchased through our influence, means \$1.00 a day to us, whether the person is a guest of the hotel in June or not, so I hope you will call your patrons' attention to this hostelry if any of them contemplates going to St. Louis. Applications and hotel literature may be had from the Secretary.

Let us double our membership in the State Society this year; that means 100 new members. We have nearly 300 non-members in the State. Get after the nearest one to you; also, be sure and write that paper.

E. A. MENDELL, President, St. Joseph.
H. H. HELBING, Secretary, 4235 West Belle Pl., S. Louis.

THE third quarterly meeting of the Northeastern Ohio Eclectic Medical Society was held at the Forest City House, Cleveland, March 10. We are sorry announcement did not reach us in time for previous issue.

THE annual meeting of the Eclectic Medical Association of West Virginia will be held at Wheeling at the residence of Dr J. A. Monroe, No. 2711 Eoff street, May 27 and 28, 1904. Dr. Finley Ellingwood, of Chicago, will meet with us. Let all West Virginia eclectics be present.

G. R. MILLER, M. D., Secretary. W. L. WERNER, M. D., President.

THE Florida State Board of Eclectic Medical Examiners will meet at Tampa April 15, 16 and 17 for the examination of applicants. Any one wishing to practice in this State may, by applying to S. F. Smith, M. D., Leesburg, or Hiram J. Hampton, M. D., Tampa, and presenting a diploma from a recognized medical college, obtain a temporary certificate until the next meeting of the board. There are many good locations in Florida for eclectics. Any one wishing information address S. F. Smith, M. D., President State Board Eclectic Medical Examiners, Leesburg, Fla.

THE ninth post-graduate course in official surgery will be held at the Chicago Homeopathic Medical College, corner of Wood and York streets, Chicago, Ill., during the week beginning May 16, 1904. The course consists of four hours' daily session. Doctors are requested to bring cases. Operations free. Particulars of the course can be had by addressing E. H. Pratt, M. D., 100 State street, Suite 1203, Chicago, Ill.

[In our opinion every man who attends these clinics carried home with him his money's worth many times over.—B.]

THE American Gastro-Enterological Association will hold its annual meeting at Hadden Hall, Atlantic City, N. J., June 6 and 7, 1904. Drs. Charles D. Aaron, of Detroit; H. W. Bettman, of Cincinnati, and J. C. Hemmeter, of Baltimore, are prominent among the membership.

DR. W. J. JAMES, E. M. I., '94, formerly of Blanchester, Ohio, is happily located at Clay Center, Kan. He passed the Kansas Board with a general average of 92. Seven out of thirty failed. He is in partnership with Dr. R. O. Rhodes, E. M. I., '95. We wish the new firm unexpected success.

THERE is an excellent opening for an eclectic at Norton, Ohio, a village seven miles west of Ashley. There is an open field; no opposition. For particulars address either Mr. C. Brenizer, Norton, Ohio, or Mr. J. A. Howald, R. F. D., Delaware, Ohio.

THE commencement exercises of the Georgia Eclectic Medical College were held at The Kimball at 8 o'clock Thursday, March 31. The invitation was very pretty, indeed, in blue and black and gold.

THE firm of Greenawalt, Latimore & Christman, of Wylie avenue, Pittsburgh, is pushing matters eclectically pretty strong. The E. M. I. loyalty pervades and pushes the "boys" into business.

DR. HENRIETTA C. DORMAN, E. M. I., '91, formerly of Lawrenceburg, Ind., later of Cincinnati, Ohio, has succeeded in building up a most excellent business at San Bernardino, Cal. Her career shows that a woman may succeed in medicine. The GLEANER congratulates her, as her business has been builded upon strictly eclectic principles.

AS WE SAID before in these pages, there is no better location for a young eclectic who has brains, and looks, and push, and surgical aspirations, than Richmond, Ind. It is worth a journey to look the place over. Another wide-open town, where there is business, and money, and room, and a crying demand for eclectic help, is Louisville, Ky. Write to Dr. J. C. Mitchell, Louisville, or Dr. A. P. Hauss, of New Albany, Ind., for particulars. Or, better, go look the field over. It's a fertile one.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

Immortality: The Principle Philosophical Arguments For and Against It, by William Colby Cooper, M. D., Cleves, Ohio. This interesting work is just completed. The manuscript has been read by several eminent scholars and thinkers, and they are unanimous in their praise of it. "Its

strong originality, and its logical virility make it truly unique," say these men. It is affirmative of immortality, and it seems to leave absolutely no doubt of this momentous truth. It is now in the printer's hands, and its coming must awake new echoes among the criss-cross hills and hollows made in discussing this subject by previous disputants. Every GLEANER reader will want Dr. Cooper's best and latest book. B.

The Man Who Pleases and the Woman Who Charms, by John A. Cone. Hinds & Noble publishers, 31, 33 and 35 West Fifteenth street, New York City. Price, cloth, postpaid, 75 cents; 16 mo., pages 131. This little volume has a bearing upon daily life, and the amenities of intercourse with the world. Every man wants to be successful, and much, yes, very much, of success depends upon affability. "The points of conduct, the marks of breeding that spell s-u-c-c-e-s-s—social and business success." This book teaches the graces of mind, and manner, and conversation. It contains matter touching the daily intercourse of human kind; the infinite niceties of courtesy, the demands of dress, of tact, of graces, of conversation and address, of the voice, of the attitude, of the general bearing of the man who would please, and of the woman who would charm. A doctor should study it, and his wife and children should follow its teaching. B.

Transactions of the Ohio State Eclectic Medical Association for the Year 1903, Including the Proceedings of the Thirty-ninth Annual Meeting Held at Put-in Bay, July 14, 15 and 16, 1903, Together with the Reports, Papers and Essays Furnished for the Several Sections; also an appendix, including papers selected from the Proceedings of the Ohio Central Eclectic Medical Association. Edited by the Committee on Publication—Drs. J. B. Harbert, Bellefontaine; W. S. Turner, Waynesfield, and J. K. Scudder, Cincinnati—and published by the Association.

In physical make-up the book is very good. It is adorned by Dr. Turner's photo. The proceedings, as published, are full, but not verbose—very good, indeed. The papers generally are good, and well edited. As usual, one or two might have been omitted to the advantage of the book and of the society. The Publishing Committee, when made up of young men especially, seems to forget that one of the prerogatives of the office—if not a duty—is to lose an occasional paper, and place the responsibility of its loss upon the printer's devil, swearing that they gave him the paper, and that he alone (the printer's devil) is responsible for its non-appearance. We looked for good things in this issue. They are there. With Christian forbearance we do not criticize the poor pspers. B.

A Handbook of Materia Medica, Pharmacy and Therapeutics, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy and Minute Directions for Prescription Writing, by Samuel O. L. Potter, A. M., M. D., M. R. C. P., Lond., the well-known author and medical teacher of Cooper College, San Francisco. Ninth Edition. Revised and Enlarged. 951 pages. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa. Price, cloth, \$5.00; sheep, \$6.00, postpaid. Thumb index in either.

We can do no better than to quote what another has said of this book: "The author has very skillfully steered his course between the pessimism that marks a system of therapeutics based solely on the results given by experiments and observations in the chemical and physiological laboratories, and the optimism of hasty empirical generalizations upon meager clinical data, and upon this we consider that the greatest claim can be made, that this book is a safe one for the junior practitioner."

Personally a number of things in this book strike us as about right, viz.: It is concise, yet full; it contains about all that is of practical value; it carries in what it says about a drug and in its therapy a *confidence* in medicine that is generally lacking in books of its kind; it avoids an effort to crowd drugs into classes—an impossibility—looking upon each drug as an individual or instrument, the use of which is to be studied, both with respect to its physiological actions and its therapeutical applications. We recommend Potter to every GLEANER reader who wants a good book, written upon a broad basis, in a trite and reasonable manner—who wants the best.

B.

PAMPHLETS RECEIVED:—

The Spirit of the Times, by H. E. Beebe, M. D., Sidney, Ohio, member of the State Board of Medical Examination and Registration, being the response to a toast at the annual banquet of the Homeopathic College, University of Michigan, and reprint from the *Medical Century*, February, 1904, a most interesting and enteraining talk. Congratulations.

The Bicycle as a Therapeutical Agent, by Luther Halsey Gulick, M. D., Director of Physical Training of the Public Schools of the City of New York; reprint from the Boston *Medical and Surgical Journal*, January 14, 1904. A very interesting paper, and one that will enable the physician to advise intelligently.

Sterile Water Anesthesia in the Office Treatment of Rectal Diseases, by Samuel G. Gaut, M. D., 43 West Fifty-second street, New York City, the noted rectal specialist. Reprint from the *New York and Philadelphia Medical Journal* for January 23, 1904. A very interesting paper.

THE ECLECTIC MEDICAL GLEANER.

Good Things—Old and New.

DR. J. R. BANGERT, E. M. I., 1890, of Shippenville, Pa., wants an assistant—somebody to do the riding. He must be an eclectic, qualified and a gentleman. He can locate another, where he can make a living from the start. Dr. Bangert has been very successful in medicine. He's a hustler, and knows his business, which is the secret of it.

DR. W. H. GAGE, of Kenton, Ohio, is obliged to change base of operations on account of ill health, and he wishes an eclectic to succeed him. He has an excellent business, a fine office, and but little to sell. He will introduce his successor. It is a fine location. Address him.

SANMETTO IN HEMAUTURIA, WITH RETENTION OF URINE.—I prescribed Sanmetto in a case of hematuria, with retention of urine. The patient had improved a great deal by the time another supply of Sanmetto reached me. I was obliged to withdraw the urine with a catheter for nearly a week, from three to four times in twenty-four hours; also, had to wash out the bladder and use suction to withdraw the clots. Since using Sanmetto the urine passes again normally, and the constituents are also nearly normal, and the patient has fully recovered, with the exception of a small quantity of albumen. I shall prescribe Sanmetto in the future if cases for which it is indicated fall to my care for treatment.—*W. C. Erdman, M. D., Macungie, Pa.*

THE sum of \$500.00 will buy an office outfit of three rooms, consisting of carpets, chairs, lounges, operating tables, desks, bookcases, with books and medicines if wanted. All complete, and an introduction to a business established twenty-five years, in a county-seat town, known as the "Gem of the Maumee Valley." A snap for an eclectic or homeopath. Age and ill health reasons for selling. Drs. Waddell, Wauseon, O.

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THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

MAY, 1904.

No. 5.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER regularly who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. *No pay* will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of *any* school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER, Cleves, Ohio.

EDITORIAL NOTES.

THE GLEANER's grand army goes marching on to greater and greater success. Occasionally there comes a mild criticism, but we are strangers to the strenuous kicks that harden the seat and soul of the ordinary editor. We realize that we cannot always think exactly in the same channel with every reader. Yet the mildness and fewness of our chidings lead us to believe that the GLEANER encounters less friction than any periodical we ever knew, and, as a consequence, its readers get the greatest satisfaction. It is human nature to kick when not satisfied, and we would get the kick if we did not furnish full worth of entertainment and truth. Who will join the caravan and fall in line? Send us the essential Dollar!

IN THIS issue we have given the various society meetings due prominence. We do not believe there is an eclectic in the country who is not impressed both as to his duties and as to the meetings. On a religious basis, knowledge makes responsibility. It must be so here as well. The man who knoweth his duty and doeth it not, should be eternally damned.

B.

DRUG NIHILISM.

There appeared in the April *Eclectic Medical Journal* an article from the very pen of friend Tilden, of the "A Stuffed Club." It is a good article—Dr. Tilden doesn't write any other kind. But able as it is, it is not convincing. It will be read, though, with great patience by every just and thoughtful man, for one can well understand how the universality (almost) of mal-medication would drive one of his temperament out into drug skepticism. Dr. Holmes only justified his greatness in advising the profession to "throw physic to the dogs," qualifying the

injunction with pity for the dogs. But Dr. Holmes was not practically familiar with modern eclecticism, as I fear Dr. Tilden is not. Remember, I say *practically* familiar with it.

For years and years I was an uncompromising drug skeptic. That was when I was younger. I had been connected with a hydropathic institute, in whose therapeutic method was conjoined the "water cure" and a severe code of dietetics. I took a course of lectures and read all the literature there was on the subject. Trall was their great authority. It was a dictum of his that an intelligent hydropathist and dietetitian could go out into the world with only a wet towel and effect more cures than all the drug doctors together. And he was *right*—at that time.

After returning to my home in Harrison, Ohio, I was taken down with dysentery. I applied the hygienic and "water-cure" treatment to myself with a punctilious assiduity that was only equaled by my faith in the method. But I dysenteried right along, growing steadily worse as time passed. I weakened and emaciated till I was scarcely equal to the feat of casting a shadow. Things looked pretty blue to me, for the *right* treatment having failed, wasn't it demonstrated that my case was incurable?

One day my friend, Dr. Thomas—an able eclectic physician—called upon me. After the usual salutations, he said: "Billy, do you find hydropathy *et al.* quite equal to the occasion?"

I replied in substance, that not even the correct treatment could cure and incurable case.

"Just so," replied he, "but I'd bet—if I were a betting man—ten to one, that I can cure you *with a drug* within twenty-four hours."

Here was an opportunity for self-immolation for the sake of truth. Why not take the drug and die quick and so demonstrate the fact of drug deadliness and the infallibility of hydropathy, etc.? So I said: "Shoot away. I might as well die first as last."

Well, to make a long story short, Dr. Thomas's drug remedy (the old White Liquid Physic) did cure my flux within twenty-four hours, and it did it in the face of my desperate resolve that it *shouldn't* do it. It converted my dysentery into a diarrhea, which speedily cured itself. Perhaps I should not have forgiven Dr. Thomas for this shabby trick, but I did muster enough grace to do so. I even went so far as to pay him for it, much against his will, for he had settled it in his mind that I should become an eclectic physician. Later, he became my preceptor.

Since that time I have been connected with scores of such experiences—experiences in which I have, without a single failure, cured these cases that had run for weeks under psychologic, hygienic, or dietetic treatment without a particle of improvement. I have treated thousands of cases of dysentery during my forty years of experience without a

single failure. That a majority of cases will finally recover under proper hygienic and dietetic conditions is undeniable, but isn't it immeasurably cheaper to the physical organization to be relieved *at once* through the use of a drug? I have long since abandoned the old White-Liquid-physic method, for it is too heroic to be right pleasant. I cure them now by gentler means, though not quite so quickly. But I *cure* them; that fact is past argument. I cure them quickly by a *positive* method, preferably to curing them very slowly (if at all) by a *negative* method.

A food is a food, and a drug is a drug. A food is such because it is homogeneous to the system—a friend to it. A drug is such because it is heterogeneous to the organism—an enemy to it. It is the drug's enmity to the system that makes it curatively available. No use to expand on this now, for I have discussed it numerous times in these pages. Drug cure is wrought through local or general shock, and drugs furnish the shock. That is all there is to it. Some morbid conditions are curable mainly by psychology; some by hygiene; some by mechanics; some by chemics; some by diet, and some by drugs. According to my experience no drug will cure, or even help, any form of indigestion; only proper diet will do it. Proper diet is a necessary *auxiliary* in all diseases. Those diseases which are compatible with a perfect digestion require something more than *dietetic* restriction. If we have a case of threatened mammary abscess, associated with a perfect digestion, *why* shall we disturb the patient's simple and rational menu? We *know* that no alteration of diet will cure this case; we *know* that specific *phytolacca* *will* cure it. Should we, in deference to a one-idealism, allow the disease to progress, or shall we (by means of a drug) jugulate it, then and there? The question is respectfully submitted.

If there ever has been a single instance in which a drug has made for cure, then the medical travail of all the past has been justified, and all the drug experimentation of the future *will* be justified. It is a matter of positive knowledge that quinine makes for cure in periodic malaria. To deny this is simply to advertise oneself a crank—if nothing worse. The mental, moral, and physical well-being of each of us depends upon his relation to his environment, and the whole universe (including drugs) constitutes his environment. Whether his relation to drugs shall be remote or intimate, must depend upon his varying physical condition. To deny that we are not directly or indirectly dependent upon every part of the universe, is to deny that we are a cosmic output. The assumption that a single process (digestion, for instance) embraces all other processes, or if not that, eliminates the necessity of all other processes, is tantamount to denying our cosmic relationship. It won't do.

C.

SUICIDE.

Statistics prove that suicide is on the increase. Not only this, but that the increase is rapid, and constantly growing more rapid. It is a question, possibly, whether this gruesome fact depends most upon the positively, or the relatively diminished value of life. As the struggle for necessities, or even the luxuries, of life intensifies, its positive value diminishes. For exactly the same reason, it would appear, the relative value of life is lessened. Differentiate this to suit yourself. It is certain that the ethics of suicide have, of later years, undergone great modification. Originally the church put as great a ban upon the suicides as upon the murderers. It sent them to an eternal hell of fire and brimstone, and refused them Christian burial. If this restrained those of suicidal tendency, then old-fashioned orthodoxy (with reference to suicides) was a good thing—provided that suicide is a bad thing. It is easily possible that the nearly complete abolition of an eternal hell, has made the contemplation of self-killing more tolerable.

There are people who honestly justify suicide. They contend that we are our own proprietors; that we do absolutely own ourselves, and that it is one of our inalienable rights to make such disposition of our persons as we please. They will insist that when life becomes unbearable to one, it is his duty to exterminate himself. Particularly, they hold, that when one becomes a curse to himself and every one else—reform being out of the question—it is his highest duty to kill himself. It is the reader's privilege to justify or condemn such a doctrine.

I had an experience once in connection with a suicide that made a deep impression upon me. A young lady, highly cultured and extremely amiable and beautiful, had, in a moment of weakness, fallen from virginity. She was the daughter of a prominent lawyer, her lover being the son of a wealthy banker. They were engaged, and the date for their marriage had been made known to the immediate relatives on both sides. She was well into her second month of pregnancy when she came to me and pleaded with me to help her out of her great trouble. I refused, and gave her a fatherly lecture. It did no good. She returned twice more, but, of course, with the same result. She would die before she would go to a professional abortionist, or even before she would make her secret known to any other physician but me. Her lover offered me \$1,000 to get them out of their trouble, but I steadily refused. When she made her final appeal to me, the little scene was pathetic beyond imagination. Dropping on her knees in the attitude of prayer, she besought me between sobs to save her. "T were better to directly destroy a life that was, as yet, merely negative, than to indirectly destroy it and a mature life," she wailed. It was unspeakably touching and pitiful, but through all the tumult of my feelings perpetually rang the

olumn injunction of dear old Professor King: "Never commit an unjustifiable abortion for love nor money."

On the morning after her final and fruitless appeal to me, I was startled and shocked to read of her suicide! She had drowned herself in the river near by. Her last hurt and piteous look as she half turned to say good bye to me at the close of her final call, has haunted me ever since. I think this experience holds a moral which will be evident enough to the reader.

It is a statistical fact that doctors commit suicide more frequently than do the members of any other trade or profession. This is accounted for by the assumption that the doctor's familiarity with suffering and death takes away part of the dread of them; that the doctor knows when he has an incurable disease, and cuts his suffering short, and that doctors, owing to the severities and hardships of their vocation, specially including loss of sleep, fall into drug habits, the slavery of which makes suicide the lesser of two evils. According to Upton, the vital statistician, "in the last thirteen years, 535 physicians in the United States have committed suicide—an average of about 41 each year—as compared with 98 clergymen and 61 attorneys, only those enjoying some prominence being taken into account." Thus there are over 33½ per cent. more deaths from suicide among preachers than among doctors. The only explanation would seem to be that the average clergyman can "read his title" more clearly than can the usual attorney. This, despite the fact that lawyers plume themselves upon their expertness in the title, or abstract business. It is safe to bet that none of the doctors kill themselves with the poison which has become so popular with the laity, viz.: carbolic acid. It is true that the average layman feels that a poison is a poison, and that there is no choice amongst them. But the principle reason why carbolic acid is so much used, is because it is so cheap and so easily obtained. Alas! that a physical estate is possible which drives a poor wretch to the practice of severe economy in selecting an agent with which to kill himself. Could anything be more pathetic?

The same restrictions should be put around the sale of carbolic acid as pertain to the sales of all other deadly poisons. This question should be agitated through the medical and lay press, until our legislators are driven to the enactment of a protective law with reference to this cruel poison.

C.

SOME DEFINITIONS.

DOCTOR: I have a few words that every school boy knows the meaning of, and yet I find in mental science, New Thought, etc., that few, if any, dare venture on an advanced definition, but continue old meanings with New Thought phrases. I feel that you are competent for the work and intellectually qualified to give a classical

definition of the words. If you fail, I shall forever keep silent. What is your best definition of the following words: Pain, Fever, Disease, Life, Death, Soul, Mind, Thought, Idea, Imagination, Sound, etc?

Doctor, I trust you will accept this in the spirit in which it is given. I believe it will help us to get nearer to a oneness. Each of us has his own opinion as to the difference between soul and mind, idea and thought, etc., but opinion is simply the mean between knowledge and ignorance. Give us your best; we realize that it will do us good. Awaiting, yours, T. M. DROMGOLD, M. D., Seneca, Ill.

I received the foregoing letter some months ago, but as cranky fate would have it, I mislaid it. To-day it turned up without having to be hunted up. I suppose Dr. Dromgold has been cussing me as an illbred old curmudgeon for having been so discourteous. After this explanation, I am sure he will pardon my seeming neglect.

First, I do not take much stock in New Thought, for the reason that there is nothing new about it. Through all the back ages there have been folk who wholly discounted the body and glorified the mind; who assumed that the mind created the body, and was, therefore, capable of reconstructing it, i. e., curing it when diseased, etc., etc. There is much glittering sesquipedalianism put out these days, having reference to "auto-suggestion," "at-oneness with God," etc., but the trouble is the teachings of New-Thoughters won't prove. It is amazingly pretty and awesome, but you cannot put your finger on it. The *fact* is, we are half matter and half mind. This is as easily demonstrated as any problem in mathematics. The secrets of matter are subtle and elusive as are those of mind. It is true that, ultimately, all is mind—either neural or non-neural mind—and that natural objects reflect cosmic mind, while artificial objects reflect human mind. But we live in the proximate, and have to be *practical* in relation to body and mind.

Now for the words. It is very far from certain that my definitions will be perfectly satisfactory.

Pain is a disagreeable state of consciousness. Fever is a symptomatic resultant of various diseases. In its essence, it represents excessive tissue combustion. Disease means, literally, not-ease. It represents any mental or body departure from the norm. Life is (physiologically) vital manifestation. Life consists in our adjustment to our environment. Finally, life is fiction and friction. Death is the cessation of evident life. To us, it is the master opprobrium of the universe. Soul, Thought, Idea and Mind, are severally phases of consciousness. Will is the same. Mentality specializes responsively to an environmental appeal, just as the petal of a rose does in taking on its tint. Objectives find their correlates in the human mind, just as they do in cosmic mind.

Sound is a specialized form of consciousness. The elements of sound are objective vibration and subjective cognizance of the fact. If there were no auditory apparatus there would be no sound, though

vibration would still exist, *provided* the fact of objectivity does not depend upon that of subjectivity. All of such questions are exhaustively covered in my forthcoming book, "Immortality." C.

THANKS to Dr. S. P. Kramer, President of the Cincinnati Academy of Medicine, for a reprint of his inaugural address. It is a fine address, being scholarly, broad and thoughtful. We are in perfect sympathy with that largeness which deplores the partisan effects of sectarianism, but at the same time we recognize the necessity of sects. Sects beget friction; friction creates light; light produces progress. Orthodoxy is static. Without sects, there would be no advance in either medicine or religion. It is the iconoclast and heretic who carries the torch of progress.

After having referred to the happy union of the two regular medical societies of Cincinnati, through mutual concessions, the Doctor says: "May we not hope for the same happy amalgamation between the two medical schools of this city? Is it not possible that by the same process of give and take, by a sinking of all personal feelings and traditional antagonisms, the schools may be brought to a unit under a broad-minded university policy?"

That feeling; that catholicity is noble, and it marks the difference between greatness and smallness. But as between deprecating some of the smaller ill effects of sectarianism, and regretting the *necessity* of sectarianism (with its assurance of progress) the stress of far sighted philanthropy gives preference to the latter. Whether we shall abolish sectarianism and, with it, progress; or whether we shall submit to the harms of sectarianism for the sake of its world-involving benefits—that is the question.

All the advance that has ever been made in such institutions as medicine, religion, etc., has depended upon the "rash audacity;" of some independent thinker, who has broken from the ranks and plunged out into new and forbidden fields. This is human nature; this is history. We cannot help it; we cannot and should not want to help it.

The foregoing does not include a denial of the fact that the mother school of medicine has advanced; it merely explains why it has advanced. What does not the old school owe to Hahnemann, to Thompson, and, a little later, to Beach, Morrow and others? It has been mainly *pulled* along by extrinsic forces; it has been but little *pushed* along by intrinsic forces. After eclecticism shall have absorbed the other schools, it will crystallize into orthodoxy, when some bold thinker will break a new path, get a following, and so create a newer and still more advanced school of medicine. Such is the natural method; so does the world move. C.

Since writing the foregoing it has been explained to me that the part I have quoted really refers to the Miami and Ohio Medical colleges instead of medical schools. That takes some of the tuck out of my contextual laudations, but I do not feel that it lessens the excuse for the rest of the editorial, remembering particularly how anxious our regular brethren are to absorb us. C.

THE National meeting approaches, and every loyal eclectic is now arranging and planning to go. We believe that every reading, thinking eclectic must, by this time, realize the necessity of sustaining complete organizations. The school occupies its present position not through the grace and condescensions extended to it by others, but solely and wholly through its own efforts, and labor, and organizations. Its salvation depends now upon its standing together and its future work in therapy, and to further either of these, there must be coöperation of the closest sort. Every society — National, State or local — must be supported and new strength added. Few realize the mighty and the general effort being made just now to increase old-school organization. Should its aims be accomplished in this direction, and we remain in *statu quo*, we will be swallowed sure and certain, teeth and bones, and scales and scabs. If you have pride, or principle, or honor, put yourself where you can defend them—that is in your school organization. B.

We believe ergot is rightfully losing its prestige as a parturient. We have not given a dose of ergot to a woman in labor for ten years, and we have no regrets. If you will study ergot carefully you must conclude that, in large doses, it usually does more harm than good. To be sure, if we were face to face with a severe and dangerous hemorrhage, uterine or other, we would think of, and perhaps give, ergot, let the after-effects be what they might, as it does contract unstripped muscular fiber and lessens hemorrhage. But, given to the parturient woman, it unnaturally contracts the womb, causing after-pains, the retention of discharges, and a lessened blood supply to an organ that needs the best of circulation to restore it to its normal state. We believe ergot to be directly responsible for many cases of subinvolution. While it may primarily contract the womb, a distressful inertia follows secondarily.

The field for ergot is in small doses in disturbed circulation of brain and spinal cord, when there is partial consciousness, immobile, or dilated pupils, unsteady gait, etc. Give in small doses in brain congestion, threatened apoplexy or epilepsy. Study ergot; give it only upon exact knowledge and in small doses. That it has power we know, for it causes gangrene. B.

RECENTLY there seemed to be with us an epidemic of jaundice, due to mucous obstruction of the bile ducts. With all these were those pro-

nounced indications for specific chionanthus, namely, "clay-colored" stools, high-colored urine, tenderness and pain in region of liver. Besides, were the dry mouth, disturbing itching and formication. Chionanthus alone did not always quite overcome the trouble. Yet it was given in every case. Usually the *indicated* remedy was given in alternation with chionanthus. In one case the *nux-vomica* symptoms could not be overlooked; "the broad, pale tongue, marks of teeth on its edges," etc. *Aiony* showed in the mouth, looked out of the eyes, was evidenced by the walk, the movement, the sitting posture, and *nux* was given. We wondered whether if it had been given alone the patient would have done as well. We thought the chionanthus hastened in overcoming the physical embarrassment. In a week or ten days the case was bleaching out and bracing up. In another case, specific ipecac and *rhus tox.* were given in alternation. The fellow was a tippler, a dipsomaniac, and his condition was the opposite of the one related above. There was *irritation*, restlessness, etc., etc., a tendency to emesis, plus headache. He recovered nicely, was pleased, and so were we. We used very little physic. It was not needed. The tongue usually is not coated heavily. The common way is to calomelize, but it is not the better way.

When the skin and eyes show yellow, there is a sense of uneasiness and tenderness in right hypochondrium or about the shoulder, or abdominal pain of a colicky kind; when there are complaints of weight, fullness, umbilical pain, nausea, vomiting, prostration, think of specific chionanthus, of specific *nux vomica*, of specific chelidonium, of the indicated remedy.

B.

There are three or four favorite remedies with us in the line of uterine tonics. Time nor space will not permit a discriminating discussion of each. But the physician who treats chronic diseases of women knows full well the need of "uterine tonics." To those who are not fully familiar with specific helonias, senecio, tiger lily and *fraxinus americanus*, we recommend them. Read them up; study them carefully, and you will be fully repaid for the time spent.

B.

DRUG-THERAPY is being javelined every day and on every side by the manufacturing pharmacist, by the electrician, by this man and that man. Who is invulnerable to their thrusts? It is alone the physician who knows drugs, and knows how to use them. The man whose knowledge of therapy is limited is in a deplorable state or condition. He must be pitiable when it comes to assuming the responsibilities that are thrust upon the practician. He would be conscienceless did he not weaken and wane, and grasp at any straw thrown him. But, as we see it, there can be no higher, brighter, better lot befall a physician than to give him

good drugs and a knowledge as to how to use them. There is no wavering with him then. All is serenity and satisfaction. Though he lose an occasional case, he still has confidence in medicine. This begets self-confidence that cannot be bought; that cannot be appreciated by the man who has it not. Study drugs.

B.

LYCOPodium.

By J. S. NEIDERKORN, M. D., Versailles, Ohio.

I am certain that eclectics, as a rule, do not appreciate the curative power of lycopodium, and are not acquainted with its therapeutic effect as they should be, especially not with its kindly action in certain pulmonary affections—at least, I have never seen any mention of it along this line in any of our literature. My information concerning its value in certain cases and stages of pneumonia was obtained from a homeopathic friend; his positive way of expressing his confidence in the remedy was productive of my own attempt to demonstrate to my own satisfaction whether or not it deserved its reputed credit. At this time my conclusions are that lycopodium will relieve more conditions than is commonly supposed; that "red sand in the urine," or the four to eight p. m. "exacerbation, the oversensitiveness of a part," are not the only conditions calling for this remedy. It will do no more than quiet the "cough with bloody expectoration." There is a condition seemingly between that calling for ipecac, and that for which tarter emetic is the remedy, in which lycopodium will prove efficient.

In pneumonia, during the stage of hepatization, or rather during the stage when nature is trying hard to bring about resolution; in other words, during the latter part of the stage of hepatization, resolution seemingly cannot be accomplished, the nature of the cough conveys the impression that the tissue of the lung has become soft, and if the patient does bring up considerable mucus, the amount of expectoration does not relieve the almost agonizing dyspnea; here I have found lycopodium to do good work.

And, later on, when there is excessive expectoration of thick yellow, purulent matter, having a peculiar taste, and when there is further evidence of low tissue vitality, I choose between lycopodium and echinacea, other conditions present in making the choice. The four cases in which the remedy was exhibited with pleasant results this winter were people over sixty years of age.

Now, in regard to dose. When the remedy was first suggested to me for above-mentioned conditions, I was advised to use the 12x; this

potency was not on my medicine shelf, but the 6x I had. In all of the cases in which lycopodium was exhibited, the 6x was used in one or two-grain doses every one to two hours, and results were satisfactory.

SOME SUGGESTIONS.

By B. F. BEANE, M. D., Greenville, Ohio.

I desire to make a suggestion or two to the young doctor engaging in the practice of medicine, which I have found very serviceable in my quarter of a century of practice. The older physician might find them of value too.

I do not claim any originality of discovery or use of these methods. I only desire to call attention to them as mine was called to them. The idea was suggested to the class by Prof. Howe when I sat on the benches of the old E. M. I., and listened to the lectures of Profs. Scudder, Howe, Locke, Freeman, King, Jeanccon and Lloyd. They are all gone to the great beyond, except Prof. Lloyd. He was a young man then. He and I are now whitening for the harvest; but I forebear and come back to my theme.

Ever since I entered the college I have preserved every number of the *Eclectic Medical Journal*, and it has been a regular visitor to my office. I do this by punching three holes in each number after the year's file is complete and sewing them together with a stout string. They are thus bound in volumes. I also bind the *GLEANER* and the *Chicago Medical Times* the same way. They make a valuable addition to the library. If they were regularly bound it would be much nicer.

I keep what I term a medical index in a small ledger about five by eight inches, having about 200 pages, regularly numbered. When I read any article in the current number of either of these journals which I think might be of special service in the future, I record it in my index. Say the article treats upon carbuncle. In the index column "C" I find the topic carbuncle, referring to page 15 of the ledger number, where all references to articles on carbuncle are recorded, as follows: *Eclectic Medical Journal*, 1892, pages 141, 300, 327*, 536; *Chicago Medical Times*, 1892, page 115*; *ECLECTIC MEDICAL GLEANER*, 1904, page 85. Should any of these refer to the same thing, each is marked with an asterisk (*), or otherwise designated, so that one need not look up both articles. Again under chloroform water there are the following references: *Eclectic Medical Journal*, 1897, page 249*; *GLEANER*, 1897, page 205*; same journal, 1904, 256.

As there has been some remarks in the *GLEANER* lately regarding chloroform water, I desire to call attention of physicians to the formula

as given in the GLEANER of 1901, page 256. By this method the laborious process of shaking so long and vigorously is avoided.

I submit these few thoughts in the hope that the suggestions may prove as serviceable to others as they have been to myself.

DEATH.

By R. V. DICKEY, M. D., Lima, Ohio.

I inclose herewith a little manuscript which you may use your own pleasure about publishing. There will be no tears shed should it find a hasty interment in the abyssmal waste basket. Since it was written, some time ago, it has long ago passed the rigor mortis stage, and is now in all probability pretty well mortified. I am not so sure that the GLEANER cares for contributions without the pale of "specific medication;" however, there is one way of finding out, and that is to try. Yours,

R. V. DICKEY, M. D.

Some time ago, if I misread him not, Dr. Cooper, in an article very much verbose, stated that absolute unconsciousness is unthinkable, and therefore does not exist. It was the learned Doctor's philosophic method of accounting for a life hereafter.

Now, according to that logic, there is no such thing as deep sleep, profound anesthesia, syncope or coma, for they are all equally unthinkable, yet we know they exist. Any theory advanced concerning death must, of necessity, be problematical. One man's theory is probably as good as any other man's theory, for neither can prove beyond question that his grounded belief is tenable. The only person who may have answered the question maintained a discrete silence, and when questioned point blank gave an evasive answer. Probably he did not know.

However, death must be one of two states or conditions. It is either an instantaneous transition from one conscious life into another, or a sudden and complete relapse into absolute unconsciousness. I use the word *relapse* knowingly.

In so far as mind is concerned, death and sleep are similar. Neither are realized by the mind at the exact moment they take place, nor will a man ever know he was dead if he is ever resurrected. The soul which has been dead a year is no better off than the soul which has been dead ten thousand years, and *vice versa*.

Barring sudden, comatose and violent demises, there is a remarkable similarity in approaching death and sleep. There is that same feeling of languor and weariness, much more intensified, however, in approaching death. As insensibility advances and cerebral anemia proceeds,

illusions or dreams appear and disappear with increasing rapidity and decreasing distinctness. The mental senses recede further and further, the spark of consciousness wanes dimmer and dimmer, until all is blank. This is as far as conscious mind can go. Beyond there lies a sea of doubt, and brave is he who dies with faith unshaken. Christ himself cried with a loud voice: "My God, my God, why hast thou forsaken me!"

Lord Byron has most beautifully said:

"I gazed (as oft I gazed the same)
To try if I could wrench aught out of death
Which should confirm, or shake, or make a faith.
But it was all a mystery—here we are
And there we go—but where?"

The reason death is unthinkable is that it is neither abstract nor concrete. It is a sudden and complete cessation of mental activity.

[The foregoing letter discovers the fact that Dr. Dickey is a thinker. On that score I extend him a congratulatory hand. Deep thinkers are not so plentiful.

Because we think in the immediate, and in terms of the material, we inescapably attribute thinkability to the unthinkable, or, in other words, we ascribe thingness to no-thingness. What is meant by *nothing* does not exist, and the unthinkable is the equivalent of *nothing*. To think is to relate, and the unthinkable has no relations. The unthinkable is *nothing*, and *nothing* has no existence. Further, subjectivity and objectivity are complementarily related, so that what cannot reciprocate with subjectivity has no objective relationship, i. e., it does not exist. We speak glibly of "unconsciousness," while, in fact, the word has no meaning for us. No one living can have the slightest conception of what (that which) is intended to be meant by the word "unconsciousness." Consciousness cannot include unconsciousness.

Personally, I do not believe that consciousness is ever lost, at least in this life. Lapses of memory dependent upon modes of emergence from the "unconscious" state are responsible for the prevailing view. Whether we remember a dream, for instance, depends upon our method of awakening, etc. The question is too large to be discussed at any length here. All these points are fully covered in my forthcoming booklet.

I am sorry Dr. Dickey felt justified in criticising my literary style. I have been accused by hard-pressed controversialists of sesquipedalianism, neology, etc., but Dr. Dickey is the first to accuse me of verbosity. I might remind the Doctor that it is even possible to overdo conciseness. It is not always compatible with the highest quality of literary grace. But, after all, what's the odds? I do not pretend to be *literary*. While the authoritativeness of Dr. Dickey's style gives it a certain zest, it is still certain that none of us has treed the final fact along any line of thought.—C.]

A PLEA FOR SUPERIOR MEDICINE.

BY PROF. JOHN URI LLOYD, Ph. D., Cincinnati, Ohio.

On my return from Mexico to the United States one of the first articles of interest that struck me was the sensational editorials and communications, in and to the American press, concerning the so-called gigantic wrong that, these people stated, the manufacturers of antitoxins were committing. It is unnecessary for me to state that I viewed the whole matter as a towering sensation in which, indiscreetly in some instances, by intent in others, the public was being both misled and wrongly incensed. The lurid pictures so vividly presented in these articles led me to take more than a little interest in the subject.

But my interest was that of absolute indifference concerning either the making or the selling of antitoxin, a preparation that concerns me only in the good or the error that lies in any such preparation, introduced with worthy purpose, that of relieving humanity's ills. In one sense, however, I felt that I was personally concerned in the controversy, because of the fact that every manufacturer of antitoxin in America is to me a personal acquaintance, and, I may add, in all instances genial friends, whose present enthusiasm in the direction of serum therapy, be it what it may, reminds me of my own enthusiasm in the direction of the vegetable medicaments, to which my life has been devoted. Naturally, then, it was with a feeling of hostility against the press that I read these terrible newspaper articles, in which men I honor, and men whom I believe to be perfectly sincere in the motives discussed, were held up to the American public as the culmination of all that is mean and vicious, unpatriotic and criminal. Immediately upon my return to Cincinnati I wrote to a gentleman friend fully informed as concerns the manufacture of antitoxin, and as a personal favor asked him to give me the facts concerning the whole subject. As expected, I received a statement that placed me in possession of information that, in my case at least, is considered authentic, and that I propose to place, under my own name, before my friends.

First, however, let me preface the facts by a personal statement, which I believe to be no less a fact, however unpleasant it may be to the believers in serums. The makers of antitoxin and of serums are traveling over an unexplored country. They are empiricists in every sense of the word, and the medical men who experiment with their products are also empiricists. Chemistry, which, as a seemingly fixed science, dominates in many directions the work of the pharmacist, but in their direction is a something that, as concern equations and formulæ, does not exist. Experimentation and structural movements of bodies outside chemical reaction as a whole, amid utterly unknown conditions,

confront and dominate the methods of these men. In the work in which they are involved, preliminary attempts to establish standards of qualities, must be wholly experimental, empirical and naturally subject to revision. In the case of antitoxin, it was found, as we of the eclectic school have found in connection with our medicinal agents, that upward and onward movements demanded changes of manufacturing details, and even of final standards. In order to be on the safe side, it seems to me that these antitoxin men wisely first introduced a preliminary antitoxin preparation that would be less likely, than one more concentrated, to do an injury when used either judiciously or injudiciously were either found to be dangerous. They were experimenting in a new field for an object that could be attained only by observation, as has been the case in the evolution of nearly all eclectic-plant preparations, and, indeed, of most remedies that to-day are standards. It was finally found that the weaker antitoxin preparation, introduced most largely and perhaps best known, was an inferior preparation, mainly by reason of its lack of energy, and it became desirable to displace the cheaper (weaker) remedy with one which, so far as the size of the bottle is concerned, was more expensive, but which as regards its "antitoxin" qualities or real value, was less expensive. In other words, the principle, which we of our school have advocated for half a century as concerns our remedial agents, to the resistance of the cheap medicine men who persistently oppose us, to the effect that the *size* of the bottle is not the main consideration, but the *quality* within it, was of necessity applied by these men to antitoxin. As a result, when they attempted to withdraw the weaker preparation from the market, and to demand that in its stead the more desirable, the more reliable, but the really not more expensive standard be used, which experience had finally established as being the desirable strength, a howl went up—a howl that, it seems to me, might well have been instigated by the familiar cheap medicine doctors, whose aim in life seems to be to obtain the largest bottle possible for the least money, regardless of its contents. It was viciously charged that these antitoxin gentlemen had united together to form a trust to beat the American people, who lay prone upon their beds and helpless. To this charge I will state that could the American people realize, as I do, the wrong of such a tirade, the newspapers making these charges would struggle to do themselves justice by devoting twice the space in refuting the wrong they have done in behalf of inferior medicine. I claim now, as I have claimed from the beginning of my thoughtful experience in pharmacy, that the protection of the American public and the success and honor of the American physician, depend upon just such movements as these men have made, with the intent of crushing out of existence a poor remedy, and replacing it with a better one. Their actual money return is greater with the

weaker product, as, indeed, cheap remedies are usually the profitable ones. This thing of supporting the best in pharmacy has been one of the faults charged against the eclectic school in medicine for seventy-five years. One of the crimes we have committed is that of demanding better medicine when better medicine could be made, but our existance depended on this factor. And being, as I am, concerned in this direction, meeting as I have these many years, now fast fading away, calumny and misrepresentation for my efforts in behalf of more energetic and high classed medicine, I have earned the right to go out of my way and congratulate the makers of antitoxin on their courage (for it takes courage) in thus meeting the odium that comes when one attempts to do better by the people at the apparent expense of the purchaser's pocket-book. And I say this regardless of whether these manufacturers had an understandiug with each other or acted independently. There is no crime in good men uniting to do a good. But had they reversed their method, and united to displace the better preparation with one inferior, because of its cheapness and greater profit to themselves, and had catered to the great army of cheap medicine users, especially the doctor who wishes cheapness and not quality, the large-bottle men, they would have made a blunder that, in the end, would have greatly wronged the medical profession.

But I must not close this paper without making it plain that no concern exists with me in these serum agents, other than a hope for the betterment of medicine. They are not in my field, nor are they a responsibility of the eclectic. And yet if they turn out to be what the enthusiastic believers in serum hope, we, as eclectics, will gladly give credit to whom credit is due. And I say this notwithstanding the fact that the slur of "empiricism," "experimentors" has been freely showered upon us in the decades that have passed, by the very men who now struggle in a field that put our work in the vegetables remedies to the blush.

SLIPPERY ELM.—*Dear Dr. Bloyer:* I have found that a slippery elm emulsion (or mucilage) is a valuable auxiliary in the treatment of irritative diarrheas and the painful tenesmus of dysentery. Dr. George L. Tinker first called my attention to its use. The exhaustive diarrhea of typhoid fever, the diarrhea as a result of an irritable and inflamed mucous membrane of the colon, the tenesmus, and the frequent, teasing desire to evacuate the bowel, all have been relieved by injecting an *ulmus* emulsion into the bowel. Frequently it becomes necessary to place the enema high up in the bowel, using the long rectal tube and placing the patient in the knee-chest position, sometimes to the extent that the patient rests with his knees upon the bed and his elbows on the

floor. The idea is to carry the emulsion up high enough, and this can best be done by placing the patient in the proper position. To three or four heaping tablespoonfuls of finely pulverized *ulmus* a sufficient quantity of cold water is added to make a thick paste, using a strong spoon to thoroughly mash all lumps; to this smooth paste three or four pints of hot water are added, and this then is thoroughly mixed; then it is strained, and may be restrained through a fine cloth, and the solution (or emulsion) is ready for use. The temperature should be about 100°. It has given me far better results than I was ever able to obtain from the old starch-water and laudanum combination.

Some patients experience some difficulty in retaining an enema, no matter how small the amount of fluid employed. Frequent change of position, keeping the hips well elevated, even to extreme positions, allowing the fluid to inject slowly, having the temperature of the emulsion "blood warm"; all assist to a very great degree in overcoming the expulsive efforts of the bowel, and the second enema will be easier and longer retained than the first.—*J. S. Niederkorn, M.D., Versailles, O.*

ECHINACEA—SEPTICEMIA.—*Dear Dr. Bloyer:* On page 168 of the March *Journal* is a little excerpt by Dr. H. D. Quigg from the *American Medical Journal*, relating to echinacea. Was it intended as a joke? When I read it I was inclined to write you people concerning it, but I was nearly fiddled out from attending a case of septicemia resulting from phlegmoneous erysipelas at the knee joint. I waited over a month to hear from some one else. This case has now run seventeen weeks. I have used several pints of echinacea per oreum and plenty of *echafolta* locally. Of course I have used no end of other medicines. At one time, about the sixth week, when periodicity became marked, as regards a heavy chill every third day, I squelched it for a week with stiff doses of quinine sul. But it did not stay squelched. Injections of *echafolta* into the pus cavity seemed to form; instead of ordinary pus a sort of gelatinous mass. I think the case will recover. During all this time I have seen the patient twice a day. I think I could write a book concerning it. I agree with Dr. Quigg regarding echinacea in some forms of sore throat. In those rotten forms of follicular tonsillitis, which some of the weaker brethren call diphtheria, echinacea appears to bring gratifying results. I have had no experience with it in true diphtheria. Now, Dr. Bloyer, you had better put this in the *GLEANER*. It may cause some one better qualified than myself to elucidate this question further. With kindest regards—*F. B. Harris (E. M. I. '86), M. D., Canton, N. J.*

“The melancholly days” come later in the fall, but the melon-cholera days come in August.

GELSEMIUM.—C. E. Fisher, M. D., says that "Only a fever remedy" is a slander. The jasmine is one of the best of helpers that the obstetrician possesses. It is a cross between belladonna and cimicifuga, just as ferrum phosphoricum is a cross between aconite and gelsemium in fevers. Its sphere is both relaxation and dilation. It relaxes the cervix and dilates the os as no other drug I have used, except in cases in which the indications for some other remedy are not of the most positive kind. If I had but one lying-in helper it would not be belladonna, nor pulsatilla, nor cimicifuga, nor chamomilla, but gelsemium. It is as much the pronounced absence of a type that calls for it as anything else. The back-aches, the patient squeezes the obstetrician's hand in the vise of a Methodist, and she writhes and twists on the bed in a fashion suggesting bodily effort at induction of the rotation of the fetal head. In delayed advance, with the characteristic movement which has been described as the corkscrew motion of the head in its effort to engage, the attempts of the womb in this direction amounting to almost a uterine intelligence, gelsemium has no equal. Look out for it and be ready to help. For more than once has its effect been so prompt in my practice that I have almost been caught off my guard. I have given it both high and low, and with apparently equally good results. By preference I use the 30th now, but cannot condemn the second and third, both of which have served me well.—*The American Physician.*

A GOOD plaster - of - paris dressing should not be too thick nor too thin. In order to avoid these faults the bandaging should begin at one end and be smoothly carried to the other, when it is brought back again and the process repeated until not less than three thicknesses have been placed in position.—*International Journal of Surgery.*

NOTES AND SOCIETIES.

THE NATIONAL.

A political party, a religious denomination, or a medical school is strong just in proportion to its organization. There must, of course, be great principles back of the organization; yet principles alone, make but poor headway in this active, bustling age. Eclecticism has done a great work in the past 75 years, and the medical world is vastly richer for her work; and yet her mission is just as important to-day as it was when Wooster Beach first began his work for a better system of medication. Her mission to-day is, to give to the world the practical application of her splendid therapy. Much is being said about a union of

all schools, and a few of our own school, without giving the subject much thought, have advocated the same measures. A careful study of the present-day medication, however, must convince any thoughtful person that the mission of eclecticism has but fairly begun. The increased mortality in the two most prevalent diseases of our country under regular treatment is the most convincing argument for the perpetuation of eclecticism.

THE NEED OF ORGANIZATION.

In order that the school secure the best efforts from her host of workers, it is necessary for a more perfect organization. Ten thousand eclectics and only 5 per cent. members of the National Eclectic Medical Association, and less than 25 per cent., members of the various State societies! Surely, we can never take the position that rightly belongs to us, nor do the work we are capable of doing, with an organized membership of 5 per cent. of her followers. No eclectic that practices the system, or loves liberal medicine, can afford to longer withhold his support from his State and National societies. Let every eclectic that desires to see a great forward movement, that wants to have some part in the successes that are just before us, decide to become a member, both of his State and National organization.

ST. LOUIS THE MECCA IN 1904.

This will be an opportune year to join the National. The eyes of the world are turned to "The Ivory City," and the \$50,000,000 Fair will be the marvel of the world. Every eclectic physician must visit St. Louis, the World's Fair and the National Association in June.

THE TIME.

Don't forget the date, Tuesday, June 14th, 15th, 16th, 17th, 18th.

ECLECTIC DAY.

The Fair Commissioners have designated Wednesday, June 15th, as *Eclectic Day*. Just what will be in for the day is not known, but you may be sure that it will be an occasion long to be remembered. Every eclectic regardless of his being a member of the National, should be on hand to swell the crowd, and incidentally to have the time of his life.

HEADQUARTERS.

The Hotel Epworth has been selected as Headquarters and place of meeting. The hotel is located three blocks north of the Fair grounds or within four minutes' walk of the main entrance to Fair.

The association has engaged the entire second floor of the hotel or 150 rooms, at a rate of \$1.00 per day per person, two persons in a room. It is very important that every physician who expects to attend the association secure his room as soon as possible. There are only 20

rooms left on this floor and they are going rapidly. Write at once to Dr. H. H. Helbing, 4235 West Belle Place, St. Louis, and secure room.

THE PAPERS.

Section work has been divided into three departments, namely: Medicine, Surgery and Specialties, and it is now the intention to run the three departments at the same time. In this way most of the papers can be read and discussed. Doctor, come prepared to either read a paper or take part in the discussion.

R. L. THOMAS, M. D., Cincinnati, O.

The time for our National meeting is drawing near. Less than two months remain in which to make preparations to attend this monster gathering, which will be the greatest our association has ever known.

We wish to call your attention to some important items connected with this meeting.

First—Railroad rates. Herewith is appended a schedule of the rates which will prevail during the Louisiana Purchase Exposition.

1. All tickets passing through St. Louis permit stop-over of ten days at St. Louis.

2. Season Tickets.—Eighty per cent. of the double one-way fare to St. Louis and return via route traveled. Tickets on sale April 25th, 1904, continuing during the period of the Exposition with final return limit to December 15, 1904.

3. Sixty-day Excursion Tickets—Excursion tickets will be sold to St. Louis daily, beginning April 25, 1904, and continue during the period of the Exposition, with final return limit of 60 days; but not later than December 15, 1904. Rate one and one-third west-bound fare.

4. Ten to Fifteen-day Excursion Tickets.—Excursion tickets will be sold to St. Louis daily, beginning April 25, 1904, and continuing during the period of the Exposition, with final return limit of 10 days, including date of sale from territory 350 miles or less from St. Louis and not to exceed 15 days from territory more than 350 miles from St. Louis. Rate one west-bound fare, plus \$2.00.

5. Coach Excursions—Coach excursions will be run from all points east, south-east and north-east to St. Louis on dates to be hereafter agreed upon basis of one cent per mile each way.

Second—Hotel Rates. By means of a deposit from the National treasury, which has been explained heretofore, rates have been secured at Hotel Epworth at the rate of \$1.00 per day per person, two persons to a room. You are urged to send in your applications for rooms at once, stating number of rooms desired and length of time they will be wanted. You will be supplied with a certificate entitling you to the above rate,

and saving you infinite worry and trouble when you reach St. Louis. Of the 150 rooms reserved for the National 130 have been taken; so, Doctor, hurry up and secure yours from the remaining number. We wish particularly to call your attention to MEANS OF REACHING HOTEL EPWORTH: Take north bound 18th street cars and transfer to west-bound Delmar ave. cars on Washington ave., which will take you within one block of the hotel, whose location is 7100 Delmar ave.

In answer to many inquiries we will say: there is to be no certificate plan on the railroads, the rates for the association will be those in force for the World's Fair.

Everything points to a grand meeting. The Eclectic Medical Societies of Missouri and St. Louis are planning great things for our entertainment, the World's Fair holds out wonderful inducements for our recreation, while the splendid program shaping itself into completion promises feasts delectable to the intellect.

Let us see you there, Doctor, without fail. Fraternally,

FLORENCE TIPPETT DUVAL, M.D., White Heath, Ill.

Cor. Sec'y National Eclectic Medical Ass'n.

THE Ladies' Auxiliary of the National Eclectic Medical Association would be pleased to see the wives, mothers, sisters and daughters of all the members of the National Association this year at their meeting in St. Louis. This should be especially ladies' year, as nearly every one wants to visit the World's Fair, which will be open at the time. Any lady who has never attended a meeting of the National Association will find this a favorable year to begin, and the Ladies' Auxiliary will do all it can to make it easy to get acquainted with other ladies, and we are sure if you come once you will want to come again.

The Association meeting commences June 14, 1904, and continues through parts of five days. Wives, persuade your husbands to come and bring you with them.

The Ladies' Auxiliary will have a meeting for the election of officers and general bussness sometime Tuesday. Every member is urged to make it her first duty to attend that meeting, and every lady in attendance at the association will be cordially welcomed.

MRS. W. E. KINNETT, President.

MRS. W. E. BLOYER, Secretary.

THE commencement exercises of the class of 1904 of the Georgia Eclectic Medical College occurred March 31, at the Kimball House, Atlanta. An interesting program had be arranged for the occasion, and sixteen men, who made unusual progress in their work were rewarded with diplomas.

The members of the class and its officers are: J. G. Kincaid, President; C. F. Hagood, Vice - President; F. D. Salter, Secretary; N. H. Pierce, Treasurer; C. D. Pierce, W. M. Fambrough, J. S. Chambers, W. D. Ramsey, J. W. Jones, D. B. Eberhart, S. F. West, W. D. Roper, W. F. Jamison and F. E. Andrews.

The program of the evening follows: Opening prayer, Elzie B. Thomas, M. D.; annual address, Rev. John E. White, D. D.; valedictorian, A. E. Tatemann.

The class of 1904 has made an unusually brilliant record, and the commencement exercises were interesting in every way. The college has experienced a successful and prosperous year, and the school term was brought to a fitting close on the night above named.

ILLINOIS STATE ECLECTIC MEDICAL SOCIETY.

The Illinois State Eclectic Medical Society will convene in the Green Room of the Auditorium Hotel Annex, Chicago, May 18, 19 and 20, 1904. There will be a good program issued about the first of May that will reach every eclectic in the State whose address we have. We are making every effort to make this *the* best meeting the society has ever held. We are making every effort to make it both interesting and profitable to all who attend, and we sincerely hope that every one who receives a program or receives notice of the meeting will be there. Do not save *all* your time and money to attend the St. Louis Exposition. We want you to help us out with our State meeting, and then help us roll up a large delegation for the National in June. We want every eclectic physician in the State to be a member of the State Society, and then become a member of the National, and remember that in order to become a member of the National you must first be a member of the State Society. Please remember the date and govern yourself accordingly.—*W. E. Kinnett, M. D., Secretary.*

The officers of the society are: W. Harrison Hipp, M. D., President, Chicago; H. E. Whitford, M. D., First Vice - President, Chicago; Thomas Owings, M. D., Second Vice-President, Maple Park; W. E. Kinnett, M. D., Secretary, Yorkville; J. B. Matthew, M. D., Treasurer, Blue Mound; F. W. Range, M. D., Corresponding Secretary, Roseville.

INDIANA ECLECTIC MEDICAL ASSOCIATION.

Fortieth annual meeting of the Indiana Eclectic Medical Association, at Commercial Club rooms, Swope's Block, South 7th street, Terre Haute, Ind., May 11 and 12, 1904. Officers—President, Dr. M. F. Baldwin, Marion; 1st Vice-president, Dr. Q. R. Hauss, Sellersburg; 2d Vice-president, Dr. Morse Harrod, Fort Wayne; Recording secre-

tary, Dr. Z. T. Hawkins, Swayzee; Cor. secretary, Dr. Thos. Spaulding, Terre Haute; Treasurer, Dr. H. V. Blosser, Fort Wayne.

Dear Doctor—Come to the State Association. You cannot afford to remain away. No one can plead loss of time for their absence. People have more confidence in a physician who attends his State association and makes every effort to keep up-to-date. Come early and stay until the last day in the evening. Hang up a card on your office door stating where you have gone and when you return you will have more business than ever. He who would make a good member of the National must not lose interest in his State association. An excellent program has been prepared and we are expecting an enthusiastic meeting.

Program—"Notes on Medical Gynecology," Dr. C. A. Tyndall; discussed by George W. Washburu. "Erysipelas, a case in practice," Dr. Morse Harrod; discussed by O. L. Baldridge. "Dropsy and Its Treatment," Dr. E. F. Devaux; discussed by W. A. Rockefeller. "Cholera Infantum," Dr. R. T. Laycock; discussed by W. W. Tindall. "Pneumonia and Its Treatment," Dr. A. W. Porter; discussion general. "Typhoid Fever, with Special Reference to Diet," Dr. Otis B. Nesbit; discussed by J. H. Hauck. "Scabies," Dr. W. W. Wheat; discussed by C. P. Hockett. "Neurasthesia," Dr. F. W. Moses; discussed by T. D. Smith. "Progressive Medicine," Dr. Brose S. Horne; discussed by R. V. Converse. "Rheumatism and Its Treatment," Dr. T. W. Kennedy, discussed by Wm. A. Johnston. "Tuberculosis," Dr. Chas. N. Brown; discussed by W. J. Kidd. "Prophylaxis of Tuberculosis," Dr. W. S. Shafer. "Diphtheria," Dr. W. H. Haifley; discussed by Henry E. Vitou; "Notes Toward Lessening Crime," Dr. DeElla Brown; discussed by S. F. Kincaid. "Some Hospital Reports," Dr. Q. R. Hauss; discussed by T. C. Dodds. "Railway Accidents," Dr. C. R. Crow; discussed by E. A. Squier. "Lymphangitis from Gonorrhreal Infection," H. V. Blosser; discussion general. "Practical Practice," Dr. J. D. McCann; discussed by W. P. Best. "Post Scarlatinal Nephritis," Dr. E. B. Shewman; discussed by C. C. Edson. "Is Life Worth Living," Dr. T. S. Turner; discussed by Jacob L. O'Dell. "Typhoid Fever and Its Treatment," Dr. W. F. Smith; discussed by J. W. Billman. "Exophthalmic Goitre," Dr. Henry Long; discussed by C. G. Winter and A. P. Hauss. "Pneumonia," Dr. W. W. Neff; discussed by J. T. Wheeler. "Placenta Prævia," Dr. F. L. Hosman. "The Use of the Forceps," M. S. Canfield. "Typhoid Fever: Feeding and Treatment," Dr. F. M. Ihrig.

Social Session—Wednesday evening, May 11, 1904, at 8 o'clock. Program—Invocation, Rev. C. L. Harper; Address of welcome, W. R. Duncan, sec'y Commercial Club; Response, Dr. M. F. Baldwin, pres't

State Ass'n; Song, "We meet again to-night," Polytechnic Club; Address, Col. W. E. McLean; "Row, boys, row," Glee Club; "Ching-a-ling" solo, R. Blanchard-'05; "Keep in de middle ob de road," solo, H. Shyrer-'05; "Old black Joe," Glee Club; "Belinda," solo, G. Crain-'04; "College medley," Glee Club; "The raggedy man," solo, H. Schickel-'07; "Been listening all the night long," Glee Club; "Good, old Indiana," solo, J. Regan-'04; "Watermillion," solo, W. Hazard-'04.

THE Tri-State Medical Society of Iowa, Illinois and Missouri will meet in St. Louis, June 15th, 16th and 17th. An interesting program is being prepared, and some of the most distinguished physicians and surgeons of the country will attend the meeting. The President is Dr. W. B. La Force, Ottumwa, Iowa; Dr. Louis E. Schmidt, 1003 Schiller Building, Chicago, is the Secretary. Dr. James Moores Ball, 3509 Franklin avenue, St. Louis, is Chairman of the Committee of Arrangements.

W. B. LA FORCE, President.

ECLECTIC MEDICAL ASSOCIATION OF KENTUCKY.

Program of the third annual meeting of the Eclectic Medical Association of Kentucky, in parlors of Galt House, First and Main streets, Louisville, Ky., May 3 and 4, 1904, 11 A.M.

Officers—President, Dr. J. C. Mitchell, Louisville; Vice-president, Dr. Lee Strouse, Covington; Corresponding secretary, Dr. L. O. Wood, Hopson; Recording secretary, D. B. Flint, Mayfield; Treasurer, Dr. G. T. Fuller, Mayfield.

Tuesday, 10 A.M.—Call to order by president; address of welcome by Hon. J. J. Fitzgerald, Louisville. Response by Dr. W. R. Ruble, Lexington. Reading of minutes, president's address, committee reports, applications for membership, payment of dues, deferred business, new business. Report from State Board of Health, by Dr. G. T. Fuller. Papers: "Abortions and Their Treatment," Dr. R. S. Killough, Spring Hill; "Puerperal Infection," Dr. B. F. Felix, Cerulean; "Cholera Infantum," Dr. L. O. Wood, Hopson; "Bacteria as a Cause of Disease," Dr. G. W. Brown, Newport; addresses by local homeopaths. 2 P. M.—"Enuresis," Dr. J. Lester, Princess; "A Case from Practice," Dr. O. M. Johnson, Water Valley; (subject not announced), Dr. L. J. Poe, Butler; "Words of Cheer," by visitors; "Complications in Pneumonia," Dr. G. W. Isaacs, Woodstock; "Surgical Subject," Dr. A. P. Hauss, Louisville; (subject not announced), Dr. Lee Strouse, Covington. 8 to 10 P. M.—Informal reception by Dr. J. C. Mitchell, at 1004 Fifth street, south of Breckinridge.

Wednesday, 10 A. M.—Report of membership committee, election of officers and place of meeting, unfinished business. Papers—"Ulcer-

ative Tonsillitis," Dr. K. C. Burrson, Maxon's Hill; "Sectarian Medicine," Dr. W. R. Ruble, Lexington; "External Potalic Version," Dr. J. M. Wells, Vanceburg; "Typhoid Fever," Dr. G. T. Fuller, Mayfield; "Measles and Sequelæ," Dr. O. M. Johnson, Water Valley; "Intestinal Obstruction," Dr. J. C. Mitchell, Louisville. Volunteer papers, installation of officers, adjournment.

Not an eclectic in Michigan should miss the 28th annual meeting of the State society, at Grand Rapids, May 18th and 19th. It is likely to be the best in its history. Quite a number of "outsiders" will be there. Dr. Ellingwood, of Chicago; Bloyer, of Cincinnati; Gemmill, of Forest, and others whose names we cannot now recall, are on the list. The officers have done their utmost to make this convocation the biggest and happiest. This is the official roster: Pres't, Dr. E. M. Conklin, Manchester; Vice-Pres'ts, Dr. Wm. H. Snyder, Hastings; Dr. L. S. Walter, Fife Lake; Dr. Chas. McLaughlin, Elwell; Sec'y, F. B. Crowell, Lawrence; Treas., Dr. J. D. Peters, Grand Rapids; Censors, E. Blackman, V. A. Baker, P. B. Wright, G. W. Nafe, W. H. Snyder, Wm. Bell.

THE New England Eclectic Medical Association will hold its tenth annual meeting June 2 and 3, 1904, at the Thorndike, Boston, Mass.

THE attendance at the forty-fourth annual meeting of the Eclectic Medical Society of the State of New York, which opened in the Common Council Chamber April 6, with President Earl H. King, of Saratoga, in the chair, was larger than ever before in the history of the society. President King, in his address, dwelt upon the necessity of a more perfect organization, particularly of the county societies, and appealed for a more thorough study of the causes of diseases and their rational treatment.

The meeting was called to order by President King. Dr. Padgham offered prayer. The following answered the roll call: Drs. A. W. Bloomer and G. W. Boskowitz, New York City; Dr. D. N. Bulson, Rockville Center; Dr. H. S. Blackfan, Cambridge; Drs. A. E. Broga and E. Denny, Oneonta; Drs. C. W. Brandenburg, L. Cherbourg, O. A. Hyde, S. A. Hardy, W. L. Heeve, A. W. Herzog, Max Myer, M. G. McGinnis, T. W. Pomeroy, H. Saison, V. Sillo, H. E. Waite, G. W. Thompson and O. A. Spier, New York City; Dr. H. J. Doll, Buffalo; Dr. D. Ensign, McGrawville; Dr. W. S. Dart, Harpersfield; Dr. F. D. Gridley, Binghamton; Dr. L. Horton, Avoca; Dr. W. H. Hawley, Pen Yan; Drs. W. J. Kraus, Charles Lloyd, E. H. Muncie, O. A. Perrine and M. B. Pearlstein, Brooklyn; Dr. E. H. King Saratoga; Dr. R. Liston, Albany; Dr. C. E. Lownsbury, Casanovia; Dr. W. I. Lewis, Brooklyn Hills; Dr. F.

C. Maxon, Chatham; Dr. M. H. Nichols, Worcester; Dr. R. W. Padgham, Geneva; Dr. Rivette, Green Island; Dr. T. Robeus, Saratoga; Dr. O. W. Sutton, Bath; Dr. M. H. Snow, Middletown; Dr. L. H. Smith, Buffalo; Dr. D. L. Spalding, Niverville; Dr. J. T. Sibley, Kensington; Dr. F. P. Sinclair, Lasander; Dr. H. Stolessier, Union Course; Dr. I. J. Whitney, Unadilla; Dr. A. C. Taylor, Baldwinsville; Dr. A. R. Tiel, Matteawan.

Fifty new members of the society were elected, and the report of the Treasurer, W. S. Dart, showed there was a balance of \$300 in the treasury, which is ahead of any previous record. Secretary S. A. Hardy's report showed the society to be in a flourishing condition. Dr. Boskowitz presented an interesting report on the new Eclectic Medical College in New York City, and showed numerous photographs of the various rooms in the new building, which is an institution of which the society is justly proud. Dr. Boskowitz's report aroused much enthusiasm.

The following societies were represented at the meeting: The Albany-Saratoga District Eclectic Medical Society; the Central New York Eclectic Medical Society; the Eclectic Medical Society of the City and County of New York; the Hudson River District Eclectic Medical Society; the King's County Eclectic Medical Society; the Southern Tier Eclectic Medical Society; the Sullivan County Eclectic Medical Society; the Susquehanna Eclectic Medical Society; the Western New York Eclectic Medical Society; the Eclectic Medical College of the City of New York.

OHIO STATE ECLECTIC MEDICAL ASSOCIATION.

FORTIETH YEAR.

Once again the time for the annual meeting of the Ohio State Eclectic Medical Association draws near. This year, as for several years past, the meeting will be held at Put-in-Bay, Lake Erie, Ohio.

The date set for the meeting is July 12th, 13th and 14th. The sessions of the association will be held in the large, cool and airy assembly hall of the magnificent Hotel Victory. This hotel, where the association meets, is one of the largest, most comfortable and best equipped in America. As the management has always accorded us a royal welcome and first-class accommodations in every respect in the past, we have every reason to expect the same treatment this year. The delightful lake trip to the Islands, the magnificent views from the Hotel Victory and adjoining grounds, combined with the advantages and pleasure of a meeting of the Ohio State Eclectic Medical Association, surely afford such an inducement that no eclectic can afford to be absent.

It will not be necessary to secure certificates of purchase when buying railroad tickets, as all roads sell a regular summer ticket at

about a fare and a third for the round trip, including steamer fare. Baggage can be checked direct to destination. Many members have responded to the return postals sent out asking for volunteers for papers. Doctor, if you have not mailed your reply postal, please do so at once, so we can begin working up our program. An interesting program and a large attendance is already assured. We also know of quite a number who will apply for membership.

The officers and executive committee are leaving nothing undone to make this meeting a grand success and the banner meeting of our Association. We can assure you a good meeting and a good time. Doctor, begin making your arrangements to meet with us in July. Every good eclectic should be a member of his State association. If you know of anyone who should belong write the corresponding secretary for a blank petition and bring him in. The initiation fee is but \$3.00 and this includes the first year's annual dues. The annual dues thereafter are \$2.00 per year. This entitles you also to a copy of the annual transactions.

Steamer time, hotel rates and all other information will be in the June and July journals, and also in the program which will be mailed to all. Blank petitions for membership and other information may be obtained by addressing the president or corresponding secretary. Fraternally,

CHAS. GREGORY SMITH, M. D., Cor. Secretary,
224 Dorchester Ave., Mt. Auburn, Cincinnati.

W. E. POSTLE, President, M. D., Shepard, O.

THE Northeastern Ohio Eclectic Medical Association will hold its next quarterly meeting at the Forest City House, Cleveland, June 9th.

Our society has a splendid active membership, but it should have at least 150 more eclectics of this part of the State enrolled. It is urgently requested that every reputable eclectic in northeastern Ohio will avail himself of the opportunity to become a member of our society. If impossible to be present in person, send application by mail.

We have a splendid program for the June meeting, the papers are by very able men and together with discussions in general, they will be well worth one's time to hear.

Program, 10 A. M.—Business session. "Electricity as a Remedy for Diseased Conditions," Dr. O. A. Palmer, Cleveland; "The Puperium," Dr. H. B. Kirtland, Berea. 12:30 P. M., Lunch. "Appendicitis," Dr. J. V. Winans, Madison; "Cerebro-spinal Meningitis," Dr. F. X. Adams, Akron; "Cholera Infantum," Dr. S. Schiller, Youngstown.

W. K. MOCK, M. D., President, Cleveland.

R. BARRETT, M. D., Sec'y, New London.

The third annual session of the Oklahoma Eclectic Medical Association will be held on Tuesday, May 3, 1904, in the parlors of the Hotel Lee, Oklahoma City, commencing at 10 a. m. The following are the officers: President, Dr. W. H. Davis, Chandler, Okla.; Vice-President, Dr. W. T. Ray, Kelley, Okla.; Secretaries, Drs. E. G. Sharp, Guthrie, Okla., and J. F. Son, Ardmore, I. T.; Treasurer, Dr. B. K. Wood, Anadarko, Okla.

The third annual session of our association promises to be the most interesting one yet held, and while we more than doubled our membership last year, we expect to do even better than that this year.

The program consists of papers and discussions on practical subjects of interest to every physician.

Owing to unavoidable circumstances Prof. J. U. Lloyd, of Cincinnati, was unable to be with us last year, but we have positive assurances that both Prof. Finley Ellingwood, Secretary of the National Eclectic Medical Association, and Prof. Lloyd will be with us during this year's entire session and participate in the discussions, and address the Association in the evening, Prof. Ellingwood delivering the principal address.

The proposition of a joint association of Oklahoma and Indian Territory, which was discussed last year, will be consummated at this meeting, and it is urged that every reputable eclectic in the two Territories make arrangements to be present and participate.

The ladies will organize an auxiliary association at 3 p. m., and we trust every physician present will bring some lady member of his household. Prepare to take a day off from your labors to broaden your mind by contact with your co-workers in the medical field, and bring your wives, sisters and daughters to share in the rest from their labors and extend acquaintance.

Be sure sure to take a receipt from your railroad agent for your fare one way, and you will then be enabled to get one third fare return.

The following program has been arranged: Address by Dean, Dr. R. H. Galyen, Chandler, Okla.; "Cholera Infantum," Dr. J. F. Son, Ardmore, I. T.; "Emergency Surgery," Dr. T. J. Wells, Delhi, Okla.; "Malarial Fevers, Dr. B. K. Wood, Anadarko, Okla.; "Typhoid Fever," Dr. J. W. Fields, Springer, I. T.; "Typho-Malarial Fever," Dr. J. M. Kinder, Lookeba, Okla.; "Midwifery," Dr. F. J. Briggs, Ingalls, Okla.; "A Comparative Study of Belladonna, Ergot and Gelsemium in their Influence on Nervous Centers," Prof. Finley Ellingwood, Chicago, Ill.; "Appropriate Standard of Educational Requirements for Practitioners of Medicine," Dr. T. L. Sharp, Orlando, Okla.; "Effects of Alcohol on Protoplasm," Dr. C. S. Clark, Weaverton, I. T.; "Some of the Difficulties Encountered by the Country Practitioner and How to Overcome Them,"

Dr. J. N. White, Antelope, Okla.; "Non-Surgical Treatment of Appendicitis," Dr. W. T. Ray, Kelly, Okla.; "Surgical Treatment of Appendicitis," Dr. E. G. Sharp, Guthrie, Okla.; "Biochemistry," Dr. M. Bradshaw, Cornish, I. T.; "Direct Medication," Dr. Geo. W. Bell, Okmulgee, I. T.

The Board of Censors, Drs. W. T. Ray, T. P. Powell and F. J. Briggs, call attention to article three, section one, of the constitution, which says: "Any physician who is a graduate of a reputable medical college or who has been engaged in actual practice for ten years preceding his application for membership, and possesses a certificate to practice from the Territorial Board of Health, may, upon the recommendation of the Board of Censors and a majority vote of the members present at any regular meeting, become a member of this Society upon the payment of the membership fee of three dollars."

PENNSYLVANIA ECLECTIC MEDICAL ASSOCIATION.

The 31st annual meeting of the Pennsylvania Eclectic Medical Association will be held at Latrobe, Pa., May 26 and 27, 1904. Sessions, 2 and 8 p.m., 26th; 9 a.m. and 2 p.m. 27th. Headquarters at Parker House; rates, \$1.50 per day.

Program—Roll call and reading minutes of previous meeting, receiving and referring requests for membership, officers' reports, unfinished and miscellaneous business, election of officers, new business. Report of Committee on Arrangements; chairman, Nannie May Sloan, Latrobe; Dr. Wm. Rauch, Johnstown; Dr. S. M. Bardwell, Pittsburg; Dr. W. H. Wolf, Pittsburg; Dr. L. S. Livingston, Johnstown. Report of Executive Committee. Report of Committee on New Remedies; chairman, Dr. S. W. Bardwell, Pittsburg; Dr. L. F. Crawford, Tyrone; Dr. C. J. Hemminger, Rockwood; Dr. E. F. Shaulis, Indiana; Dr. W. W. Livingston, Dunlo. Report of Committee on Theory and Practice; chairman, Dr. W. R. Campbell, E. Smithfield; Dr. J. S. Taylor, Johnstown; Dr. S. J. H. Louther, Somerset; Dr. C. R. Bittner, Hooversville; Dr. Harry Hatch, Pleasantville; Dr. J. H. Hazen, Titusville; Dr. A. O. Barkley, Somerset. Report of Committee on Obstetrics; chairman, Dr. Nannie May Sloan, Latrobe; Dr. Emma A. Darman, McKeesport; Dr. John White, W. Alexander; Dr. Barbara Hauptel, Philadelphia; Dr. A. L. Yoder, Johnstown. Report of Committee on Surgery; chairman, Dr. J. M. Louther, Somerset; Dr. C. L. Johnstonbaugh, Bethlehem; Dr. L. P. O'Neal, Mechanicsburg; Dr. S. H. Dech, Allentown. Report of Committee on Gynæcology; chairman, Dr. W. O. Keffer, Frugality; Dr. Frank L. Knox, Claysville; Dr. Wm. Rauch, Johnstown. Eclecticism, by Dr. Finley Ellingwood, Chicago, Ill., recording sec'y of National Eclectic Medical Ass'n. Annual address, by Kimmel

Rauch, president. Installation of officers, extemporaneous exercises, selection of place of next meeting, appointment of committees, adjournment. Officers—President, Dr. Kimmell Rauch, Johnstown; Vice-pres't, Dr E. F. Bittner, Somerset; Dr. Nannie M. Sloan, Latrobe; Rec. sec'y, Dr. R. E. Holmes, Harrisburg; Cor. sec'y, Dr. W. O. Keffer, Frugality; Treas., Dr. R. E. Warner, Pittsburg.

Notice—If you have any interesting clinics bring them along, as Drs. L. E. Russell, R. L. Thomas and other prominent M. D.s out of the faculties of some of the leading colleges are to be present.

THE Tennessee State meeting will be held at Nashville May 25 and 26 next, and every eclectic in the State should be there. No excuse can be made valid, and no absentee will be excused. Dr. B. L. Simmons, of Granville, President, and Dr. T. E. Halbert, Nashville, Secretary, are doing their utmost to get the "boys" interested. Who will be so sleepy as not to wake up—fail to be at Nashville May 25 and 26? Prof. R. C. Wintermute, of Cincinnati, expects to attend.

The annual meeting of the Eclectic Medical Association of West Virginia, will be held at Wheeling, at the residence of Dr. J. A. Monroe, No. 2711 Eoff street, May 26 and 27, 1904. Dr. Finley Ellingwood of Chicago, will meet with us. Let all West Virginia eclectics be present.

G. R. MILLER, M. D., Sec'y. W. L. WERNER, M. D., Pres't.

TO WISCONSIN ECLECTICS.

DEAR DOCTOR: We beg leave to remind you of the near approach of the time for holding the annual meeting of the W. S. E. M. S., and to impress upon your mind the importance, to the eclectics of Wisconsin individually and collectively, of making this meeting as great a success in every particular as possible.

The principles and teachings of eclecticism are wielding a greater influence in the medical world than ever before. The aforesome spirit of prejudice and intolerance is giving way to one of toleration, which it is reasonable to hope may eventually develop into admiration, and it remains for us to determine whether our progress as a school shall continue or not. Past success should be an inspiration for present and future effort. Loyalty to our particular branch of our profession should remind us of individual interest and responsibility, and fidelity to the trust reposed in us demands our enthusiastic support of all legitimate means employed for the promotion of the welfare and progress of the medical profession in general, and of our branch of it in particular.

The officers of the N. E. M. A. are now, and have been, working with commendable zeal to awaken a renewed interest in the National

and State organizations. Insofar as they succeed we, as individuals, derive benefit as a result of their efforts, and we should therefore be willing, and I believe we are, to render them such assistance as we can by supporting our district and State societies first and then the National.

The identity of eclecticism in medicine has been established by patient, persistent and determined effort, and we owe it to the fathers, as well as to ourselves, to see that it shall not be lost, and this not from a spirit of prejudice or antagonism, but out of filial affection and loyalty to our own personal interests.

Now, doctor, if you are a member of our State Society, you need not be reminded of the benefits and pleasures derived from attending our meetings, and, if not, we urge you to attend this meeting and become a member.

For obvious reasons Wisconsin should have a good representation at the meeting of the National at St. Louis. Let us all, then, attend our State meeting and get our credentials for the National, and do all we can for the cause in which we are so deeply interested.

Our beautiful capital city has many attractions well worth seeing, is favorably located and easily accessible, and we should let no ordinary hindrance prevent our being there promptly, May 24, 1904. Come prepared to read a paper or report any cases that may be of interest to the brethren and sisters. Most sincerely—*F. P. Klahr, M. D., Corresponding Secretary, Horicon, Wis.*

The officers of the society are: President, A. E. Winter, M. D., Tomah; First Vice-President, M. B. Wood, M. D., Pittsville; Second Vice-President, K. C. Storlie, M. D., Coon Valley; Treasurer, J. F. Stillman, M. D., Walworth; Recording Secretary, J. V. Stevens, M. D., Jefferson; Corresponding Secretary, F. P. Klahr, M. D., Horicon.

A meeting of the American Confederation of Reciprocal Examining and Licensing Boards, will be held at the Great Northern Hotel, Chicago, Tuesday, May 24th, next, beginning at 9 A. M. Several eminent members of the profession interested in interstate reciprocity, have been invited to be present to deliver addresses upon practical subjects connected with the objects of the confederation. Illinois, Ohio, Kentucky, New Jersey, Maine, Maryland, Indiana, Nebraska, Wisconsin, Michigan and Iowa and the Eclectic Board of Pennsylvania, now hold membership in this body, and it seems as though matters are working toward general reciprocity. Speed the day. The officers of this body: Pres't, Dr. W. A. Spurgeon, Muncie, Ind.; Sec'y, B. D. Harison, Sault St. Marie, Mich.; Vice-pres't, Dr. H. H. Baxter, Cleveland, O. and Jno. A. McKlveen, Chariton, Ia.

TAU ALPHA EPSILON FRATERNITY NOTES.—Under this heading there will appear from time to time in both the *Journal* and the *GLEANER* items which will be of interest to all T. A. E. members. We take it that all true Tau Alpha Epsilon are readers of eclectic journals (if they are not they should be), hence they are the best mediums through which the various chapters may keep in touch with each other and with the members who have gone out from college.

The rapid growth and expansion of the frat. in the last two years has been a source of gratification to all. Beta Chapter in the American College at Chicago has flourished from the start, and Delta Chapter in the Bennett College bids fair to do the same. Gamma Chapter in Lincoln College was started under very favorable conditions, with about twenty-five charter members, and should soon be a strong chapter.

All members, excepting a very few, whose locations are unknown to us, have received notice of a national T. A. E. reunion, to be held at the same time as the National Eclectic Medical Association at St. Louis. Of course we expect an enjoyable social reunion, but the primary object of the meeting is to organize a national T. A. E. Assembly. There is much business now awaiting the attention of a general assembly of the frat., and, in fact, its organization can be put off no longer.

If you are a member, and have not received notice of this reunion, it is because we have not your address. Send us your address at once, and arrange to meet with us in St. Louis.

T. A. E. pins may be secured for \$3 10 each. Send your order to the Raisebeck Jewelry Company, 620 Vine street, Cincinnati, Ohio.

THE fifty-ninth annual "passover," or, in other words, Commencement, of the Eclectic Medical Institute, now lives only in history—memory. Like many previous ones it brought pleasure to those directly concerned—the faculty and the class—and to many of the alumni. The year for the Alma Mater of eclecticism, just closed, has been a good one. The attendance was up to the usual standard, no remarkable falling off, as seems to be so marked in many colleges. The class, numbering twenty-seven, was, as usual, also "The best ever sent out," etc.

The special exercises of the occasion began with clinics at Seaton Hospital Wednesday morning. These were followed by an alumnal dinner, at which all of the visiting brethren and faculty regaled themselves, and had a good time, and there was a goodly number present—more than ever before.

The alumnal exercises began at 2:30 p. m. in the college, and the attendance there was very gratifying, and gave zest and pleasure to the occasion. President Sherman, '75, made an excellent address, and so did Dr. A. E. Stevens, '85, of St. Louis, and Dr. Urling Coe, of the class of 1904. The officers for 1905 are: President, R. C. Wintermute, Cincinnati, '81; Vice-Presidents, Drs. M. S. Canfield, Frankfort, Ind., '73; W.

L. Werner, Thomas, W. Va., '01, and J. P. Harbert, Bellefontaine, Ohio, '98; Secretary, Dr. J. L. Payne, Cincinnati, '99; Treasurer, Dr. C. G. Smith, Cincinnati, '90; Censors, Drs. A. F. Stephens, St. Louis, '85; L. E. Russell, '72, and J. R. Spencer, '82, both of Cincinnati.

We should be delighted should this increase in the attendance of the alumni upon these occasions continue to increase, as it has done for several years past. At this meeting more than fifty responded to the call of their respective classes, and it was most interesting. Were we always sure of so large an attendance preparations for entertainment could be made upon a much larger scale, and real enjoyment and pleasure would be the part and parcel of every one present, and the old Institute would feel every year the encouragement that would accrue from the attendance of so many of her loyal sons. The old college should be the Mecca every year of at least 200 of the old boys.

The Commencement was held in the Scottish Rite Cathedral, with a goodly audience present. The Dean, Dr. R. L. Thomas, made the report of the session. Prof. John Uri Lloyd conferred the Degrees upon the class. Rev. L. P. Mercer, invoked the divine blessing upon the doings, and Judge J. Soule Smith, the able jurist and noted orator, of Lexington, Ky., was in his happiest mood when making the address of the evening. The banquet following was as usual—an eat-fest, a talk-fest, a good send-off for the boys of '04.

The following changes in the Faculty are announced for next year "Prof. R. L. Thomas appointed Dean of the Faculty, vice Prof. F. J. Locke, deceased. Prof. W. E. Bloyer transferred to the Chair of Materia Medica and Therapeutics. Dr. Herbert E. Sloan, of Clarksburg, W. Va., appointed to the Chair of Didactic Surgery. Chair of Anatomy and Chemistry, divided, and Dr. Charles Gregory Smith appointed to the Chair of Chemistry. Prof. Spencer's Chair divided, and Dr. J. L. Payne, of Cincinnati, appointed to the Chair of Hygiene and Demonstrator of Histology and Pathology. Dr. G. H. Kuapp, of Cincinnati, assistant in the Medical Clinic, and Dr. D. M. Utley, of Cincinnati, assistant in the Eye and Ear Clinic."

THE office of Dr. A. L. Peacock, of Grimes, Iowa, was recently visited by a disastrous fire. His excellent library, with other nice things, went up in smoke. He'll soon replace it, as he is not the fellow to sit down and cry over spilled milk or a burned office.

Dr. W. F. Smith, E. M. I., of Bippus, Ind., has recently been appointed U. S. Pensioner Examiner for Huntington County. He is also examiner for New York Life, Equitable and Mutual Life, of New York, Insurance Companies. We congratulate him and the companies as well.

Dr. R. E. Finch, of Gladwin, Mich., gets a very pleasant "send-off," besides his picture, in the anniversary issue of the *Gladwin County Record*. Shake in congratulation, Doctor.

Dr. A. H. Farquhar, E. M. I., '68, of Ridgeville, Ind., died of cancer of the pylorus, April 18th, at the age of 69 years. Though he had been ill for some time there was no pain, no obstruction, no vomiting, no hemorrhage. The post-mortem made the full revelation. His friends have the sympathy of the *GLEANER* in their bereavement. He was loyal to eclecticism.

Prof. E. H. Pratt's ninth Post-graduate Course of Instruction in Official Surgery will be given at the Chicago Homeopathic Medical College, Wood and York sts., Chicago, beginning May 16th, at 9 A. M. There is no clinic given in the United States in which so much good can be gotten for the money and time spent. Prof. Pratt is a wonder as well as a benefactor. Write and engage your seat in the amphitheatre.

BOOK NOTICES.

The *GLEANER* will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for *complete* price list of medical and surgical works.

The International Medical Annual: A Year Book of Treatment and Practitioners Index, whose contributors number thirty-five of the most prominent physicians and surgeons of the world. 1904; twenty-second year; 770 pages; price, \$3. E. B. Treat & Co., 241 and 243 West Twenty-third street, New York City.

This is the twenty-second yearly issue of this practitioner's handbook, and we believe it to be larger and better than any of its predecessors. It is a resume of the medical literature of the world for the past year. The convenient size and dictionary-arrangement of this volume, supplemented by a full index, make it the handiest and most valuable year book published.

The editors are the leading specialists of the world, and not of any one country. The abundant references for further investigation are an important feature.

By thus having at hand a resume of upward of 600 medical publications of the world, the busy practitioner can, in a moment, make himself acquainted with the most recent advances in knowledge and practice respecting any subject in medicine, therapeutics or surgery.

A new feature has been introduced this year in a series of stereoscopic views, something entirely new, that seem greatly to facilitate the study

of structure, which it would be otherwise difficult to illustrate. Besides there is a series of plates showing the nature and distribution of the eruption in smallpox and other infectious diseases, the early detection of which is of great importance to the practitioner. These plates are beautifully colored and lifelike. There are numerous other illustrations, and a number of special contributions.

We would say that, in our judgment, there is no better annual than Treat's for the money.

B.

Albright's Office Practitioner: A Medical Magazine, Devoted Exclusively to the Development and Improvement of Office Practice. Published monthly by J. D. Albright, M. D., 900 North Forty-eighth street, Philadelphia, Pa. Subscription \$1.00.

This is a new Richmond in the journalistic field. No. 1, Vol. I., just out for April, is a very readable number. In it is set forth the policy to be of the publication. It is proposed to discuss the many general topics that make up the practice of medicine under "Special Departments," and that a liberal policy shall govern; no class, clan, or clique shall be recognized, favored, or discriminated against; the one object to be the improvement and perfection of our work, and the attainment of the highest degree of professional and financial success. This, to us, seems fair, frank, promising. Success to the scheme.

B.

PAMPHLETS RECEIVED.

The Inaugural Address of Dr. S. P. Kramer, of Cincinnati, to the *Academy of Medicine*, of which he was recently elected President, makes a very interesting paper. It is reproduced in the *Lancet-Clinic* of March 26, 1904. He touches upon a number of most interesting topics. He justly raps the Cincinnati Board of Health, which, he says, "consists of six members, not one of whom is a physician, and not one of whom has, by education, occupation or previous condition of servitude, any real knowledge of sanitary matters. The board is made up of a distiller, a type-founder, an insurance agent, a trunkmaker, a commission merchant and a hardware merchant. This surely is what the politicians would call a business board. It makes a business of maintaining slop-fed dairies, with the judgment of Paris of Troy; it votes 10,000 golden apples annually for the inspection of the Temples of Venus; it continues to permit the discharge of sewage into the Ohio River above the intake of our water supply—all probably for good business reasons, but not, so far as we can see, for any reason that ought to actuate a Board of Health." This is all nicely said, and the only criticism is that he did not attempt to tell *all* of the truth about our astute Health Board.

B.

THE ECLECTIC MEDICAL GLEANER.

Good Things—Old and New.

WE have called attention to Richmond, Ind., as an excellent location for an energetic, enthusiastic eclectic, especially if surgically inclined. Dr. Franklin Young, an eclectic, who is there, writes us that he will be glad to help a new man into a paying business at once. Therefore, if interested, write him.

THERE is another excellent location in Ohio—Ansonia, Darke County, as Dr. W. D. Cole, who has been there for a number of years, intends to retire. Write him. He will introduce his successor into a paying practice. The requirements are that he be a gentleman and an eclectic. Eclecticism is well established in and about Ansonia.

EXCELLENT locations for eclectics—wide open, big business locations—still exist at Richmond, Ind., and at Louisville, Ky. A young, wide awake, hustling surgeon will find Richmond to be *the* place for him.

DR. W. H. GAGE, of Kenton, Ohio, wants to place a good eclectic in his well-established business. A small outlay for the fixtures in a well-equipped office, will secure the place, together with an introduction, extending to June 15.

DR. F. B. BLACK, of 2708 West Washington street, Indianapolis, Ind., can place a bright, energetic young eclectic in a country location where money can be made from the start. The people want an eclectic. He should be an up-to date young man. Write Dr. Black.

NO MORE healthful, stimulating and generally beneficial application can be made to a diseased mucous membrane than Kennedy's *pinus canadensis*.

FOR SALE.—House for consumptive; good adobe house, almost new, with large open fire-place; \$300. One day's stage drive north of Tucson, Arizona, in the Catlina Mountains; altitude 4,500 feet; granite soil, no dust, humidity almost *nil*. For particulars address J. W. Estill, Postmaster, Oracle, Arizona.

my-tf

WANTED—At once, a qualified young man to take the business of an eclectic in Central New York, who wants to rest and travel for a year. The business is well established, and the chance an excellent one. Write the GLEANER, 22 West Seventh street, Cincinnati, Ohio. 2t-ms&jn.

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

JUNE, 1904.

No. 6.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER regularly who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. No pay will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of *any* school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER, Cleves, Ohio.

EDITORIAL NOTES.

DOCTOR, do you want the GLEANER for one year for one dollar? You will find this issue a fair sample. The practical things in it are worth one dollar to many. Are they to you?

HYPERMEDICATION.

Half of all the doctors overmedicate, while nine out of ten of the young doctors do so. The old hypermedicators being hopelessly irredeemable, I shall address my remarks to the fresher graduates.

The young doctor goes out from college filled with infallible indications for infallible drugs. His first surprise results from the fewness of the typical cases he meets. His next surprise results from the plentifullness of indications. His next surprise results from the number of wholly anomalous cases he is called upon to treat. Almost every case he is expected to cure has some unheard of symptom; some symptom which has never been mentioned in the lecture-room. Then he will encounter symptomatic hybrids whose complexities will drive him mad. Then he will forgather with cases which are amenable to only a routine treatment, and which laugh the symptomatic method to hades and back. For instance, he will go into the sick-room and find a patient with flushed cheek, bright, snappy eyes, etc.; there is an active determination of blood to the brain. Or he may find the opposite condition. The eyes are dull, pupils dilated, associated with a sort of gray palleness—there is general hebetude. In the first case—according to our accepted symptolotolatology—the patient's system is just naturally yelping for gelsemium. In the second, it is howling for belladonna. You *know* (you think you know) instantly just what your patient needs.

But upon making further inquiries you learn that your patient has dysentery. Here you get down to bed-rock. If you go to thinking with all your might, you soon realize that the primal trouble is that lesion which underlies dysentery, and that these determinations, whether active or passive, are merely sequential to the flux. You know (and if you don't, you'd better quit practicing medicine and go to sawing wood) that the only *curative* treatment is *causal* treatment. In this case you know exactly what the cause is, and you know that neither gelsemium nor belladonna will reach the cause. To exhibit either of them will be to waste the patient's time and vitality. So, if you know your job you will put your patient on the following routine, but infallible treatment: R. Specific aconite, gtt. v.; specific ipecac, gtt. x.; water, $\frac{3}{4}$ iv.-vi. Sig.—A teaspoonful every hour, excepting the third, when you will substitute the following powder for the fluid mixture; R. Magnesia sulph., 3i.; bismuth sub. nit., 3ij. M. ft. cht. No. xij. Sig.—One powder every third hour.

Of course, with this treatment in mind, you can definitely and explicitly promise a speedy cure in every case of sporadic dysentery.

But as to overmedication: Owing to the confusion of calls and counter calls for particular drugs, and particularly owing to the extreme difficulty of differentiating the most urgent symptom in a large class of cases, the temptation to shotgunning becomes very strong. Here is one symptom to be squelched, here another, and here is another, and so on up to half a dozen. One symptom seems to be as important as another, so what are you to do? The thing that is nearly always done — especially by the inexperienced physician — is to prescribe several different drugs. If he would reflect a little, he would see the utter folly of it. If he would combine all these drugs into one mass (which would be polypharmacy with a rush), the outcome would be a single essential resultant which *might* happen to be curative. Given separately and at intervals, such a compromise between conflicting elements is not possible, and the vital expense is multiplied many times. The compound mixture is, in the end, a unit and pulls in but one direction. It does not tear the system all to pieces by pulling (shocking) in several different directions. It is very hard for the young practitioner to refrain from multiple medication in puzzling and alarming cases. The impulse to be constantly *doing* something for one in a maladic emergency, is good and noble, but it must be under sane control if we would clinically succeed. The experienced physician does not suffer himself to crowd drugs upon his patient, whether there is an emergency on or not. Whatever logical reasons he might produce for drug restraint, he would medicate temperately as a result of his past experiences. He is cool

and self-contained, for he has absorbed a sufficient reverence for the *vis medicatrix naturae* to know that his own relationship to the case is only secondary.

One little illustration here will be of value. Lately I read an article in one of our eclectic journals which was doubly peculiar. Peculiar, first, for its most excellent and brilliant literary finish, and second, for its excessive hypermedication. I shall not name the disease, but will say that it was of a rare type, and was chronic in its nature. Perhaps the reader can guess the disease from the nature of the treatment. It is only just to the doctor to say that his patient recovered all right. Here is the treatment: "He was given: &. Specific med. cactus, one drachm; specific med. pulsatilla, twenty drops; specific med. avena, three drachms; elixir simplex q. s., four ounces. M. sig.: A teaspoonful every three hours. R. Cascara cordial, elixir lactated pepsin $\ddot{a}a$, two ounces. M. sig.: Teaspoonful after meals. As a general reconstructive, a compound syrup of hypophosphites was ordered to be taken befor meals. Improvement." C.

DON'TS AND DO'S

In my editorial writings of the past I have dealt much more largely in the don'ts than in the do's. I have done this because the don'ts have so few champions, and because, as between the two, I regard the don'ts as of much more importance than the do's. I defy any thinker to successfully show why—in whatever field—the don'ts are not of more importance than are the do's. At bottom, the don't is the condition precedent to the do; don't is the legitimate mother of do. To state it accurately, I ought to say that the primal do is of more importance than the secondary do, for in the initial ultimate (to phrase it so), *don't* is *do*. Thus, to *refrain* from medically treating an effect, is to positively and primarily *do*, the secondary do always developing within the sequence of the primary do.

But for conservative (if superficial) reasons, I shall, in this instance, retain the proximates, don't and do. Don'ts represent the negative or the wrongs; do's, the positives or rights. (It is seen at a glance that don'ts also represent the positives and the rights.) I think I can say without reserve that the doctor who is best equipped with don'ts (using the word in its ordinary sense) is necessarily the most successful clinician. Keeping in mind the guess feature of even the most accurate system of therapeutics, it is easily evident that the expert don'ter has very much the advantage of the expert (?) doer.

Although to teach what to do, is, in a secondary sense, to teach what not to do—in a specific relationship—the force of this don't is

lost in its indirection. I think it should be clear that to know what not to do, is more important than to know what to do, because otherwise we are assuming a superiority to Nature. C.

THIS issue of the GLEANER will reach its readers just before we all start upon our annual pilgrimage toward our Mecca—St. Louis. From everywhere, and from everybody, comes words of encouragement, and we will be surprised if this meeting is not the biggest and best in the history of the National. There is a general awakening. Those who attend regularly will not be lonesome this year, as all of the family is going and many of the neighbors. Cincinnati, never behind, expects to take seventy five in the finest kind of style, and this is no dream. Breathes there an eclectic who to himself hath not said, "I'm going?" If so, he is a dead one sure!

FROM a very readable article on rheumatism, on page 734, of the May 7 issue of *American Medicine*, we quote: "Salicin has the same specific action in rheumatism that iron has in anemia, mercury in syphilis, or quinine in malaria. It must be given in doses of sufficient size, for the failures attributed to it are due either to the fact that the drug has been prescribed for other diseases than rheumatism, or that too small doses have been used."

It is such teaching as this that damns medicine generally. Every physician who has had any extended experience knows that this drug will not cure all cases of rheumatism. If it would do so, why would our hospitals and sanitaria be crowded with so many incurable, distorted, suffering rheumatics. Salicin is no new drug. Thousands of physicians have tried it, and because it and other drugs, recommended so positively, failed, have become medical heretics. Further on the writer says it does not disturb the stomach, and that it is free from injurious effect upon the heart. Still further along he says that "after the rheumatism and its causative factor have been removed, the stomach will no longer tolerate the remedy, but will exhibit symptoms of acute gastritis, which will at once disappear when the remedy is withdrawn. It appears to be simply a chemic reaction between the poison of the disease and the remedy, one neutralizing the other in the human body, which is practically a test-tube, and is sensitive to the action of either the toxin of the disease, or the remedy which acts as a poison when in excess, and either of which is capable of exactly neutralizing the other."

This, to us, seems the height of folly. The fact that the human body is looked upon as a test-tube, and too often used as such for the reception of the many laboratory concocted combinations, is certain to be the undoing of present-day methods. But it will require time to

fully discover the folly. In the meantime thousands of the poor human test-tubes will have returned to their primitive atoms.

No two cases of rheumatism are alike, nor is there a specific for the disease. Pain, inflammation, etc., are symptoms, effects, in all cases, and what will relieve safely in one case will cause serious disturbance in another case. Treat all of your cases with salicin and the salicylates. They may be relieved. But we ask you to watch them afterward. Note the poor digestive tracts, the great number of heart complications and the sudden deaths that will surely follow. A muscular rheumatism demands different treatment from a joint rheumatism. Eclectics treat them successfully, and *always* differently. Specific macrotys for muscular, bryonia for articular. Of course other remedies are frequently indicated, and are given before, or in alternation with these and other remedies. If these two remedies were *specifics* for the disease, it would be as easy to prescribe, and safer, than to give salicin. But they are not specifics for rheumatism; they are *specifics* for certain symptoms, particular pains peculiar to certain (not all) cases of rheumatism. We are positive as we can be of anything, that frequently preparatory treatment is necessary; that is certain symptoms must be overcome by the indicated remedy before the antirheumatic action of either of these remedies will be manifest. We are just as positive, too, that very frequently the *indicated* remedy of itself will, to a large degree, provoke the cure, and though perhaps not so classified, will be the best antirheumatic, no other remedy being needed.

The author quoted mentions quinine as a specific for malaria. Every eclectic knows that when the condition of the patient allows it quinine, even in very small doses, does overcome malarial manifestations. Prepare the patient by promoting moist tongue, soft skin, free secretions, and the result from quinine is pleasurable. But give it with dry, parched tongue, dry skin, and "what a headache!" (if nothing more serious) will follow, and the chances are that no good results will follow its use under such conditions. Iron for anemia the same way. In an occasional case the iron may reach, but the chances are that it is *not* the best remedy. That there are better remedies for syphilis than mercury we are satisfied. We are ready to defend this statement as well; that many, many of the so-called secondary and tertiary symptoms of syphilis are due to the treatment, perhaps mercury, or perhaps potassium iodide, and not due to, or are not a part of the disease; that they are drug manifestations rather than disease manifestations.

We hope by thus writing to get the reasonable doctor away from *specifics for diseases*. There are none. The prescribing of specifics for diseases is filling our graveyards and demoralizing medicine. B.

THE easiest way we know to positively demonstrate the specific-medication idea, and to prove that small doses of the right drug properly given will do the work desired, is in the treatment of diarrhea. Given a case with frequent stools, cramping pains pointing toward the umbilicus, ten drops of specific nux vomica added to four ounces of water, and a teaspoonful of the mixture given every thirty minutes will bring relief very quickly. In another case, in which the stools are watery, large and frequent, preceded by crampy, colicky pains, and there is a gaseous tension or fullness, one drop of specific colocynth used in the same way will prove just as satisfactory. In the case with irritation of intestinal tract, evidenced by a long-pointed tongue, with red tip and edges, and ipecac pleases. Add not more than ten drops of the specific medicine to four ounces of water. Give a teaspoonful of the mixture every half hour or hour. Again there is the case in which the tongue is broad and full and coated. There is atony, plus an overloaded condition, and nature is trying to unload the prima via. Assist her by adding thirty to sixty grains of the 1 to 100 trituration (or specific podophyllin) to four ounces of water, and give a teaspoonful of the mixture every half hour or hour, and see how pleasantly and quickly the disturbing frequency of the dejections will be changed. Other cases and indications might be cited. But these are sufficient. This treatment is so radically different from that old paregoric-opium-tanic acid-*astringent* treatment that it is difficult to get one not educated along specific-medication lines to try it. The uninitiated think we tell them fairy tales; that we might as well give a placebo, etc., etc. We are positive that the *medicine* does the work. It removes the cause and sets disturbed nature right. B.

DOCTOR, have you ever used specific *mellilotus*? We have frequently of late, and it seems to meet the demands made upon a remedy in many of those jaded, worn-out, nervous women and girls, back of whom there is a bodily and mental unrest that so frequently places them upon the verge of insanity; starts them at least towards the madhouse or suicide. This remedy, so far as we are able to ascertain, does no harm if it does no good. In this respect it differs materially from a great number of other remedies so frequently used.

The indications given for it are: "In the treatment of neuralgia, especially where associated with debility; also in colic, painful diarrhea, dysuria, with frequent desire to urinate; in dysmenorrhea, associated with lameness of the hip, and along the course of the sciatic nerve, and in some cases of rheumatism, where such lameness is a marked feature." The dose is from one to ten drops of the specific medicine.

This remedy served us very satisfactorily in a case that gave us much trouble. While it will not cure, the relief following its use is a boon to

the woman. Mental tranquillity has replaced travail and tumult. The case is one in which there is uterine prolapsus, the organ sometimes appearing without the vaginal outlet, plus the incident or consequent vesicocele and rectocele that are always so harassing. There is constant desire to urinate, with incomplete emptying of the bladder; an unsatisfactory (and sometimes impossible) bowel movement; a heavy, full pelvis, all causing a thousand indescribable, unpleasant impulses in the woman. The experienced physician has seen these cases. In this case operation for restoration of bladder and bowel, or for removal of the womb is out of the question. Artificial supports, pessaries, etc., have been tried with no avail, unless to add to existing wrongs. The melli-lotus is not expected to cure. But it quiets, pacifies, satisfies. Try it. Specific cypripedium is another safe, sure nerve sedative in many of these cases. They take the sharpness off of the incurable wrongs, and, to a degree, make life worth living to the poor woman. B.

Internal Medication For Direct Remedial Effects.*

BY GEORGE M. AYLSWORTH, M. D., Collingwood, Canada.

At the American Medical Association in May last, Dr. Solomon Solis Cohen, in his address as chairman of the Section of Materia Medica, Pharmacy and Therapeutics, said: "Under all circumstances it must be kept in mind that neither morbific agents nor remedial measures add anything to the powers possessed by the body. They alter, they invoke the natural actions and reactions—the vital processes of disease and recovery; but it is the living body that determines the nature of disease process—it is the living body that determines the nature of the process of recovery."

Admitting this, it matters not whether Byron Robinson ("The Abdominal Brain": The Clinic Publishing Company, Chicago, 1899) is right when he claims that the ganglionic system generates a form of nerve force separate and distinct in character from that generated by the cerebro-spinal system; or Schofield ("The Force of Mind": Churchill, London, 1902) that the functioning of organs are all manifestations of unconscious mind, for it will hardly be questioned that the ganglionic system is the agent through which life influences the functions of organs.

When Hahnemann, as a regularly educated physician, announced his idea of therapeutics (*Similia similibus curantur*), the profession had been for a long time a unit in pursuing methods of cure that are now universally condemned. When he proceeded to demonstrate that this idea had an element of truth in it by his success in treating disease, he

*Read at meeting of the Canadian Medical Association, London, Ont., September, 1903

met a storm of opposition, if not persecution, which caused him to narrow curative measures down to this one idea, which resulted in the extraordinary absurdities of his later teaching. While this idea is undoubtedly sometimes seemingly true, it has never been proved to be universal, as claimed by him and his followers. It would be too much to ask this proof, did they not assert its universality so strongly, and treat with disdain every remedial measure not originating in it. At the same time it is difficult to see why we should not admit its seeming truth and utilize their ideas and methods for the relief and cure of our patients in so far as they may be found useful.

Again, in the early sixties of the nineteenth century, C. J. B. Williams, a highly educated regular physician, published his principles of medicine, in which he clearly enunciated the idea that disease was an excess, a defect, or a perversion of normal life. Although this work of Williams was so notable that it was widely adopted in medical colleges as a text-book, this idea of his did not impress the profession as it should. Some ten years later, however, one Scudder, a practitioner of the methods of Thomson, the basis of whose treatment consisted in excessive emesis, diuresis, diaphoresis and purgation, induced by poisonous doses of lobelia and steam baths, re-enunciated Williams' idea in this way: "Disease is wrong life, wrong life is excess, defect or perversion." Adding to this the intensely practical corollary that the medicines needed to cure excess were sedatives; defects, stimulants; perversion, alteratives; and then inventing the phrases "specific diagnosis" and "specific medication," he became the founder of a new school of medicine—the eclectic, having now about 10,000 adherents.

That these ideas were steps toward direct medication and advances in therapeutics there can be no doubt; but their promulgators meeting the same reception from regulars and homeopaths as had been accorded Hahnemann by the regulars, shut their followers up to these ideas, antagonizing all other work in the therapeutic field, at the same time claiming the broadest eclecticism.

The writer hopes that the mentality of the mass of the profession in the three schools has sufficiently developed in this time to ignore these narrow vistas, and to adopt what is useful from all sources without prejudice. How the refusal to do so proves, even now, a brake upon the wheels of therapeutic progress can best be elucidated by reviewing the different measures employed by the three schools in the treatment of some common disease.

Selecting colic at random, we find that Gould defines colic as "spasmodic pain in the abdomen." Intestinal colic is due to irregular and violent contractions of the muscles of the bowels. Byron Robinson says these contractions are controlled by Auerbach's ganglia through

the plexus mesentericus. C. J. B. Williams says disease consists of excess, defect, or perversion of normal life, necessitating, according to Scudder, sedation, stimulation, or alteration for cure.

Intestinal colic, then, is either perversion due to excess, or perversion due to defect in the nervous energy generated in Auerbach's ganglia. Experience has shown that medicines making directly for the correction of these two distinct conditions are by far the most successful in the treatment of intestinal colic.

Why are they not adopted by all practicers of medicine? The query is a fair one, for we have men in each school of equal honesty, energy, mental grasp and self-sacrificing devotion to curative measures, who not only cannot indorse each other's conclusions, but are inclined to think each other dishonest because they cannot.

Leaving aside causes of deranged nerve force, such as the ingestion of too many green apples, which, of course, must be removed, let us glance at the treatment of intestinal colic. The regular schoolman would relieve his patient by using morphia, which only reaches the condition to afford relief by paralyzing sensation, which is a function of the cerebro-spinal nervous system. This means that the force from Auerbach's ganglia may still be acting abnormally, but owing to the paralysis of sensation due to the morphia, the brain is unable to report the condition to the patient's consciousness. This is almost an exact parallel to the use of chloroform in labor, where painful uterine contractions continue to the end of accouchment, but the patient does not know it because the chloroform does not permit the nerves of sensation to perform their duty.

The homeopath would prescribe colocynth in a minute dose (3x to 30x dilution) because he knows that in a large dose it will produce similar symptoms. When colocynth fails, as it often will, he may adopt the eclectic remedy, dioscorea villosa, with but moderate success, because he gives it in too small a dose (1x to 1 gtt. of the tincture).

The eclectic would prescribe the dioscorea in large doses (5 to 30 min. of the tincture), because adherents of the school have found it efficacious. When it fails, as it often will, he prescribes with prompt success the minute dose of colocynth, because he has known homeopaths to prescribe it successfully. Colocynth and dioscorea act directly upon Auerbach's ganglia, and when they succeed they do so at once, without apparent effect upon the economy beyond relieving the painful contractions permanently.

These three methods of treatment of the conditions known as intestinal colic are all seemingly successful. What is the explanation? The cause within the organism of the condition is either the defect or excess of function in Auerbach's ganglia to a point that causes them to lose

control of the rhythmic muscular action in the intestines. The regular school treatment is not directly curative at all. It merely deadens the pain, enabling the patient to endure it long enough to let the disturbed nerve force recover itself, as it naturally tends to do. The morphia does not increase this tendency, but makes the patient comfortable for the hours or days nature requires to accomplish the cure without assistance.

The colocynth of the homeopath meets a depressed nerve force and directly stimulates it until it reaches the norm, the extremely minute dose being a safeguard against overstimulation, for, as is well known, a sufficiently large dose would produce the difficulty if absent, or increase it if present.

The dioscorea of the eclectic meets an excited or excessive nerve force and directly sedates it to the norm, the large dose being useful to produce the effect quickly.

In these instances colocynth and dioscorea are *directly* curative, morphia is not.

In the use of colocynth the homeopath and eclectic are on equal terms, because the eclectic adopts the minute dose of the homeopath. In the use of dioscorea, the homeopath is heavily handicapped by his faith in dynamization, and the resultant minute dose, for if he does not fail completely with it, it takes him much longer to cure than it does the eclectic with the much larger dose, which the homeopath refuses to adopt.

If you will, for the sake of argument, admit that the foregoing views are sound, you will be able to see that while each of the three schools may have therapeutic truth, neither one of them has the whole of it. And if you will reason the matter out from the foregoing data, you will understand why it is so difficult for one schoolman to influence the adherent of another school. A regular schoolman, called to a case of intestinal colic, due to depressed Auerbach's ganglia, knows that morphia will relieve, but is not directly curative, and is more or less injurious. Possibly he also knows that eclectics claim that dioscorea cures colic. He therefore gives the latter remedy for several hours, with absolutely no effect, if (because he has a depressed nerve force) he is fortunate enough not to have made his patient worse. Disgusted he gives a hypodermic of morphia, with the prompt effect of relieving the pain, and confirming himself and his patient in their belief in the beneficence of regular school therapeutics. Later he is called to another case of colic, due this time to an *overstimulated* Auerbach's plexus. In the meantime, in his search for something better than morphia, he has learned that homeopaths use with success minute doses of colocynth for colic. He administers it faithfully, with results similar to those he obtained when he gave dioscorea. But he is quite oblivious to the fact

that though the diseases in both cases are called colic, the conditions present are diametrically opposed to each other. Now, homeopaths and eclectics might as well try to batter down Gibraltar by butting it, as to try to convert a regular schoolman, who has had his experience, to their way of thinking about colocynth and dioscorea, unless they can present some better arguments than they have hitherto been able to do. He has but one reason for his obstinacy, nor wants nor needs any better—"I've tried 'em both, and they are no good."

A homeopath is called to a patient with colic due to an *overstimulated* Auerbach's plexus. He knows that colocynth in minute doses will *sometimes* cure colic, and persists in its administration without benefit until his fear of dismissal from the case induces him to try dioscorea. His training and his faith in dynamization teach him erroneously that if dioscorea will cure at all, it will do so in the minute dose. He therefore gives it in the first or higher dilution, instead of from five to thirty drops as an eclectic would, and he meets with absolutely no results. In this instance, at least, his theory of dynamization fails him, but instead of realizing the fallacy of his theory, he is filled with disgust for eclectic therapeutics. If a *true* homeopath and honest, regular school therapeutics are, of course, entirely out of the question.

An eclectic knows that dioscorea *sometimes* cures colic, but when it fails because of a depressed Auerbach's plexus, he tries colocynth in the homeopathic dose with success, knowing little and caring less as to the reason why. But when a regular schoolman urges him to use morphia, and points out its beauties when introduced through a hypodermic needle, he laughs him to scorn; and, if pressed for his reason, exclaims: "What! make my patients drunk with morphia to cure cramp? I don't have to."

Is it not clear that narrowness of view dissipates energy and prevents progress in this instance?

While the facts just presented can easily be substantiated, the reasons adduced for their existence, as far as the writer is aware, are original with him, and as the use of colocynth in the minute dose and the use of dioscorea in any dose may not be familiar to some, it may be wise to illustrate the principle involved by as old and respectable a drug as ipecacuanha. The laity, as well as all three schools of medicine, have long been familiar with its power to produce emesis, in large doses. It was this power that induced Hahnemann to use it to cure vomiting in the minute dose. This use of it was made widely known to the regular profession twenty or more years ago by Sidney Ringer, and has been adopted by both regulars and eclectics. The *U. S. Dispensatory* says that "Ipecacuanha, in small doses, is a stimulant to the stomach."

We will now assume a normal organism, and begin to administer the drug in gradually increasing doses. At first the dose is so small that

no appreciable effect is produced, but at a certain point, as the dose is increased, a sense of warmth is experienced in the stomach. As the dose continues to increase, we have successively nausea, secretion of mucus, emesis, paralysis of overstimulation, the last effect being used medicinally by regular schoolmen to relieve dysenteric tenesmus. Now, assuming we have an organism in which the nerve force in the stomach is depressed enough to produce nausea and vomiting, we will begin to give ipecacuanha. In the minute dose which, in the normal organism, produced no appreciable effects, its stimulating or irritating action gradually raises the nerve force in the stomach to the norm, and nausea and vomiting ceases. Increase the dose and they will be reproduced from an overstimulated condition of the nerve force.

Ringer wrote in his handbook: "Few remedies are so efficacious as ipecacuanha in checking certain forms of vomiting." As to the kinds of vomiting, he says that in adults they are (1) vomiting of pregnancy; (2) nausea and vomiting during lactation; (3) nausea and vomiting at menstrual periods; (4) the morning vomiting of drunkards; (5) morning vomiting of general weakness, met with in convalescents. Hare, in his "Practical Therapeutics," p. 235. 1897, confirms these observations. The one etiological element which is common to all these conditions, is the depressed nerve force of the stomach, manifesting itself by nausea and vomiting. Ipecacuanha, through its local stimulating effects, removes this etiological factor, and thus makes directly for cure in all these conditions, so long as the dose is kept just too small to stimulate the stomach beyond the normal, producing overstimulation. In the latter event the symptoms would be reproduced.

Should the nausea and vomiting be caused in the first instance by an irritant, overstimulation is already present, and therefore ipecacuanha, in any dose, is useless as a means of relief, if it dose not increase the difficulty. If this be true of ipecacuanha, there are many drugs that act on the same principles. Does there seem to be any good reason why all three schools should not adopt all three methods of administration, where the interests of the patient dictate, and the characteristics of the drug permit, in the same way that ipecacuanha has been adopted?—*From the Canadian Journal of Medicine and Surgery, February, 1904.*

NICOTINE.

By PROF. JOHN URI LLOYD, Ph. D., Cincinnati, Ohio.

In connection with the following article concerning tobacco the writer may perhaps be able to add a few words. It has been his privilege to have an intimate knowledge of the manufacture of nicotine, as

applied on a very large scale, one of the processes being devised under his experimentation. In the factory that utilizes this method, large amounts of nicotine are produced, and often the vapor of nicotine in the establishment is almost overpowering. The workmen, however, seem to experience no ill effects whatever from its vapor. Indeed, one of the curious points in connection with this nicotine industry is the fact that all the workmen, as well as the office force, are inveterate smokers, and seemingly use more tobacco in the way of cigars and cigarettes than is used by persons not subjected in the least to the vapors of nicotine. They handle the nicotine in various degrees of concentration, with impunity. They exercise no care whatever to prevent the nicotine from being spilled on the person, and freely handle it when it comes into contact with the hands and arms in a strength of from twenty-five to forty per cent. solution. No record as yet has been made of a fatal poisoning case therefrom.

In another factory, where nicotine is made in large quantities, by a different process, the same experience is to be reported. The workmen seem not to be affected in any way, nor do they suffer loss of weight. In fact it is considered a very healthful business. To illustrate the effect of a nearly absolutely pure nicotine when in contact with the skin, the following instance may be taken as a statement of fact:

"One of our men, some days ago, spilled some 90 per cent. nicotine on his shoulder. He thought nothing of it but kept on working, and in a little while he was so sick we had to call in a doctor, who gave him an injection of strychnine, which apparently fixed him up again all right. The man in question is about 5 feet 6 inches in height, and weighs about 150 pounds. He is 43 years old. The nicotine we make is about 93 per cent. pure, and is put up in rectangular tin cans holding about 40 pounds each. He was carrying these cans from the still where it is concentrated to another part of the factory, some hundred yards distant, where it was to be crated. One of the cans had a leak in one corner, and as he carried it on his shoulder, some of the nicotine soaked through his clothes, covering a place on his shoulder about the size of the palm of the hand. He then poured the nicotine from the leaky can into another one. The nicotine was still warm, about 110° F. at the time, and the wind blew the vapor up into his face so that he was obliged to inhale some. In just about ten minutes he was taken sick. The pain seems to have been confined to his stomach. He says he had no headache. It was just a severe retching and desire to vomit. He drank a glass of water, and it came up immediately. The men also say he was very pale. The doctor soon arrived and gave him a hypodermic injection of strychnine, and in about half an hour he felt all right again. I guess he was scared more than hurt."

As concerns the problem of nicotine in tobacco, it may be stated that nicotine exists in combination in tobacco, and not as free nicotine, being associated with potassium nitrate and organic substances generally to make a complex body. When tobacco is burned, the result is first a production of ammoniacal gas, which, as it is drawn through the tobacco of the cigar, reacts upon the nicotine compound to liberate nicotine, and this, together with pyridine compounds that result from combustion, and the free ammonia, as well as methyl alcohol, carbon monoxide, and other empyreumatic bodies, are drawn into the mouth of the smoker. Hence, whoever proposes to judge of the effect of tobacco smoke, and holds his thought only on the one substance, nicotine, misses a very important share of a very complex problem, the fact being that nicotine is only one of several factors.

TOBACCO: *From the Midland Druggist*, April, 1904.—The *Lancet* recently denied that nicotine is the poison that brings about the baleful results of tobacco smoking, attributing them rather to the action of carbon monoxide:

"The gaseous products of the incomplete combustion of tobacco, whether it be smoked in the pipe, the cigarette, or the cigar, are so complex that the question—to which constituent are the toxic effects of tobacco smoking precisely due—remains unanswered. Of course, it is well known that nicotine is a powerfully poisonous constituent of tobacco leaf; but it is by no means certain that the alkaloid reaches the system by way of the smoke in sufficient quantity to act seriously as a poison. To begin with, the amount of nicotine in tobacco is very small—and there is reason for believing that the quantity given in previous analyses has been considerably over-represented—moreover, though a volatile poison, nicotine does not occur in the free state in tobacco, but as an organic salt which is not volatile and which probably breaks up readily on combustion. It is doubtful whether a seventh part of the total nicotine in the tobacco reaches the mouth of the smoker and some investigators deny that any nicotine occurs in any tobacco smoke at all. But, assuming that nicotine is the toxic constituent of smoke, the quantity must be quite minute, since in most mild tobaccos the proportion is rarely over one per cent. On the other hand, the incomplete combustion of tobacco gives rise to the formation of aromatic compounds, oils, bases, amines and gases, some of which are undoubtedly poisons, and these are obviously produced in a far larger amount compared with the quantity of nicotine in tobacco. In this connection too little attention seems to us to have been paid to the relatively large quantity of the poisonous gas—carbon monoxide—in tobacco smoke. When the insidious nature of this gas is considered, its absorption in the system, which must be very rapid when inhalation is practiced, would sufficiently

explain the train of poisonous symptoms which excessive smoking is apt to set up. In some particulars the physiological action of nicotine and carbon monoxide is similar. The dizziness and the stupor, the trembling of the limbs and the hands, the disturbance of the nerve centers and of the circulation, palpitation from a slight effort, and the feeble pulse, may be the indications of either carbon monoxide or nicotine poisoning. But since one ounce of tobacco gives no less than one-fifth of a pint of carbon monoxide gas when smoked in the form of cigarettes—and probably as much or more in the form of cigars or pipes—it is not improbable that to a very large extent these symptoms are due to the carbon monoxide. We have recently tried the following instructive experiment which bears upon this point. Two or three mouthfuls of tobacco smoke from a cigarette were shaken up with a few drops of blood diluted with water in a bottle. Almost immediately the blood assumed the pink color characteristic of blood containing this gas, and further observations with the spectroscope confirmed the presence in the blood of carbon monoxide. Similarly a few mouthfuls of smoke from a pipe and cigar were tried and the results were even more marked. In this experiment we have some explanation in particular of the evil effects of cigarette smoking, for it is chiefly cigarette smoke that is inhaled—an indulgence by which the poisonous carbon monoxide is introduced directly into the blood. This effect of tobacco smoke upon the blood appears to be of considerable significance."

WATER.

By E. R. WATERHOUSE, M. D., St. Louis, Mo.

Water is a necessity to the animal body, entering largely into the structure of all of its tissues, to the extent of about two-thirds of its weight. The pangs of thirst are even worse to bear than are the cravings for food to the famishing. As a therapeutic agent water is of great importance. Some years ago nearly every section of the country possessed a personage styling himself a hydropathist. He proposed to cure all the ills of mankind by using this one great therapeutic agent. It was to be used hot, and used cold, inside and outside, according to the dictates of the learned hydropathist. That great good resulted in numerous cases none can deny; but while many of the cases treated recovered, did the water cure them, or did the abstinence from the usual routine drugging of the day allow nature to assert her powers unhampered and recovery result?

I do not recall that I have seen or heard of one of these doctors in the last thirty years. In all fads there are some good, but hardly enough

upon which to build a successful practice of medicine. It should be within the province of every physician to look over these fads and appropriate all that is good in them to serve him in time of need. Many are the times when such a physician will score a triumph when other means seem to amount to nothing. Take the *Faith* cure. We know that mind has a certain action over matter, and this action is a great factor as a therapeutic measure, but not to the extent of making it a panacea. Again, look at the use of electricity. We find that there is something in it, but not enough to lead us into the belief that we could discard all other means of treatment, and rely upon electricity alone. Still we should learn of these good points and be able to use them when occasion requires. Thus we come to know and to be the true eclectic.

One important action of water in the body is to wash away the accumulations, or, in other words, wash away the ashes and clinkers from the human furnace; and in this you will observe it is preventive, as well as therapeutic.

In the treatment of rheumatism no accompaniment to the ordinary lines of medicine will do as much as large and frequent draughts of pure water. It clears the way by washing out accumulations which are in themselves the cause that we are striving to remove. Show me the physician who does not make use of hot water to some painful parts, and I will show you one who is not a success in his calling. The relaxing of the application of hot water, and its action in contracting engorged capillaries makes it one of the best measures that can be thought of in all local inflammatory troubles. How many homes are supplied with the hot-water bag? But, while it is good, it is far inferior to the application of the water directly to the parts, because we do not get the effect of evaporation, which carries off a great amount of the local heat. The best method in such instances is to wring out cloths as dry as possible from water of ordinary temperature, and after folding the cloth carefully run over it with a heated flat-iron, opening up the cloth and applying its steaming surface to the skin. Renew the application as soon as its heat is reduced. Of all local remedies in ordinary croup or acute laryngitis, this is the best. Put yourself into position to be convinced by trying this on the next case you have, and you will be pleased at the effect.

In simple tonsillitis frequent gargles with water, as hot as can be borne, is of the first importance. The use of hot water in the bowels, according to the Rev. Wilford Hall and his "squirt-gun," cannot be too severely condemned, from the fact that when once resorted to for a time, it must be kept up, or the bowels would never move of their own accord. But, at the same time, it is very valuable as a temporary measure in unloading the lower bowel when cathartics are contra-indi-

cated, as is the case in typhoid conditions. It becomes of no small importance in relieving the spasms of small children. Pump them full of hot water and induce the bowels to move at once.

In the treatment of a sprained or injured points, or in bruised and battered muscular structure, hot water is of more benefit than all the drugs contained in an ordinary drug store. Still at the same time we should remember that to overdo this application is productive of weakness in the part. If the part be so situated as to allow it, soak in a bucket of hot water, adding more hot water as the member becomes accustomed to it, so as to apply as great a degree of heat as possible. If otherwise situated, apply the cloths treated with the hot flat-iron as above mentioned. Remember that hot water will relieve congestion better than cold. The secondary action of the application of cold is that of stimulation. Put your hand into the snow and that instant your hand becomes sedated; remove it and the next moment reaction comes on and the hand becomes warmer than before the application of the snow. You have stimulated it, and increased its supply of blood. So the application of cold should never be intrusted to the hands of the inexperienced in grave cases from the fact that we are apt to get the stimulating effect where we really wish sedation.

The sad with many of the laity in drinking a cup of hot water before breakfast for indigestion has its advantages; but the prime benefit is its action in washing out the stomach and getting it ready to receive the food.

More cases of disordered digestion are found in the cities, resulting from the use of iced drinks and ice cream than from all other causes combined. The working man on a hot day finds his way to the bucket of ice water, and pours down a pint at a temperature of say 35° into a stomach carrying a temperature of 100°, and partial paralysis results. At each successive round the stomach is less able to recover itself, and a baggy, dilated stomach results, which shirks its duty. It is then that the poor victim says: "Blessed is he that doesn't know that he has a stomach."

The same results occur from too much water at or near meals. It dilutes the gastric juice until digestion cannot go on, or digestion is retarded until fermentation takes place.

Speaking of ice cream, I regard it as one of the ideal foods in typhoid and other fevers, and advise it to be largely used. In fact I give these patients all they will take.

As a therapeutic agent in diseases of the female, hot water holds a place that is important. As a vaginal douch it can be borne at a very high temperature, in fact higher than can be tolerated by the hand. Merely warm water is worse than useless in reducing inflammatory con-

ditions. We wish to contract those minute blood vessels, and the hotter the water without actually scalding, the better will be the results.

In the treatment of pneumonia, and bronchitis in its early stage, nothing will compare with the judicious use of water. The procedure of an old doctor in the extreme northeast part of Ohio will illustrate. He is called, and finds the patient with a fever following his initiatory chill: "Mandy, put on the wash-boiler; Bob get a basket of corn;" into the boiler went the corn, and, when hot, the patient was wrapped in a quilt, and the hot corn packed around him, when he was covered with another blanket, and such a sweat no man can realize unless he has seen it. The cases that were not on the road to recovery shortly were an exception and not the rule. This will seem a homely medication to the kid-gloved city physician, but he cannot, for the life of him, write a better treatment for such cases.

It is said that the inordinate use of water and its consequent dilution of the blood, works injury to the red-blood corpuscles, and thereby interferes with nutrition.

In using the cold bath for its stimulating and invigorating effect the user should remain in it but a short time, or until reaction comes on; it is to be followed by brisk rubbing with a towel. People who contract colds easily, will find great benefit from frequent sponging with cold water.

In treating any disease in which we have a hyperpyrexia, the cold bath is our best hope. Put the patient in a bath at about the ordinary blood heat, and reduce the temperature by the addition of ice until it falls below 60°. This is applicable to cases of stubborn fevers, delirium tremens and meningitis.

In the early stage of gonorrhea, hot-water injections are of importance.

PLEURISY.

By GEORGE W. HOLMES, M. D., Sharpes, Fla.

An interesting case of pleurisy came under my observation and treatment this winter. From unusual exposure a man took cold. Only a soreness in the left side developed, observable only on pressure. Fever was present, and some oppression in breathing also. After a close examination the physician pronounced it a case of humid pleurisy. The left pleural cavity was found to be full of fluid. In response to the query of the patient why he had not experienced any of the inevitable sharp, stabbing pains so peculiar to this affection, the answer was that it was a case in which effusion had separated the pleural walls so as to prevent

the friction that ensues during the respiratory act. Twice the respirator verified this explanation in removing fluid to the amount of ten or fifteen ounces at a time. After a month's treatment the patient was ordered to "The Land of Sunshine" (ask Dr. Russell). The temperature was in the neighborhood of 100°; on slight exertion the pulse would climb upwards from its registration of 100, involving the heart in an unpleasant sensation. The left pleural cavity was full of water, and, in consequence, the respiration was thirty and upward. The local tenderness was only demonstrated by pressure on the ribs, then the pain was quite acute. He was taking syrup iodide of iron and carbonate of guiacol. The latter was to absorb the fluid, the other to reduce the temperature. Up to that time neither result had been accomplished. Dear Dr. Scudder used to tell us boys in the class that effusion was generally arrested as soon as the temperature, and especially the pulse, was kept at normal, the arrest of the function of the skin was the exciting cause, its restoration a preliminary step. Specific asclepias for that; a subacute inflammation of the pleural membrane a result, and an excessive functional activity caused the accumulation of fluid. I gave specific byronia and specific veratrum, namely, to slow the pulse. In forty-eight hours the pulse and temperature responded to the remedies, and the respiration began to improve. Recovery was permanent and uneventful.

[This is a very interesting case from two or three points. In the first place it shows that Dr. Holmes knew exactly what remedies would relieve these troubles, and, in the second place, it demonstrated lucidly the superiority of eclectic means and methods over standard old-school practices. Syrup iodide iron and guiacol carbonate are the "specifics" of allopathy. They are "specific" only when the case gets well. Too, too often they fail, and a change of climate is recommended, or an inscrutable Providence takes the patient to a country the climatic conditions of which have never been published. We congratulate Dr. Holmes. He is wide awake eclectically and very successful, though his eclectic neighbors are neither near nor plentiful.—B.]

EXPERIMENTAL MEDICATION.

A review of the list of "new remedies" for a single year, say 1903, offers opportunities for reflection. A pertinent inquiry may be asked in connection with this list as to how many druggists or physicians know anything about the composition of the various new compounds or their therapeutic value? Thousands of physicians are every day using any number of these so-called "remedies" without the slightest idea of their physiologic effect upon the human system save what they

have read in some published circulars issued by the persons interested in creating a demand for them, and the most of this information is mere guesswork without having been proved by long periods of clinical experiment.

A new hypnotic, if not born every hour, is sure to appear once a week, and each one is heralded as the only "safe" hypnotic yet discovered. What intelligent physiologist has yet heard of "an entirely safe hypnotic?" It would be just as appropriate to speak of a perfectly safe revolver, "an absolutely safe explosive."

Hypnotics have been classed in the same category as explosives; they are made to perform heroic work, and if they accomplish that purpose they are likewise capable of "going-off" at the wrong time and under unexpected circumstances to the detriment of the health and often at the cost of the life of the patient. Yet these safe hypnotics are placed in the hands of physicians who proceed to experiment with them upon every one who happens to lose a few hours' sleep occasionally.

The science of chemistry has produced an unlimited number of preparations within recent years and these have been used recklessly and indiscriminately, with such results as to cause the inquiry if the harm has not been in excess of the good.

One of the great physicians of the country is reported to have said in referring to an epidemic of grip, that "influenza had slain its thousands, but coal-tar derivatives their tens of thousands." The mortality from pneumonia is increasing every year until this disease has assumed the proportions of a pestilence, while the wisest and most scientific of the medical profession are beginning to think that the excessive mortality is due not to the virulence of the disease, but to the treatment which it receives at the hands of the average medical man.

Even the lay press is taking note of late of the large number of sudden deaths due to "heart failure," while the observing physicians are attributing the increase to the extensive habit of taking headache-powders for every little pain in the head from any cause whatsoever. Is it to be wondered at that the cause of "therapeutic nihilism" is gaining so many adherents among thinking people, whether professional or non-professional? Is it any wonder that fads like mental healing, hypnotism and Christian Science are securing additions to the ranks of their followers in great numbers every year? For, after all, do these people not fare just as well without drug medication as the average of those who fall into the hands of those regular physicians who are continually prescribing powerful drugs, the nature and effect of which they are almost ignorant?

Occasionally a follower of "the mental science" art of healing dies; but the people do die in spite of any sort of treatment, medicinal, psychologic or hygienic, and the psychology doctors do not lose a larger number in proportion than the drug doctors.

We are firm believers in drug medication, for mankind in general has not yet come into possession of that "astral body" which is to prove superior to its earthly environment, and until this sort of body is possible to all men they will need salts, and senna, and castor oil, and chamomile. But, if the medical men wish to hold the remnant of their clientele, it is time that they exercised a little more discretion in the extensive use of new and powerful remedial agents until time is given to prove whether they should not be used in the treatment of abnormal conditions.—*Midland Druggist, April, 1904.*

That large bodies move slowly seems especially applicable to regular medicine. That it is really waking up, and that it must become more lively than it has been for many years, is realized within the school, and by its closest friends, the druggists and chemists on the outside. And, by the way, the common, ordinary layman is thinking for himself and his family; is pretty well informed as to many of the weaknesses and frailties of medicine proper. It has taken a full half century and more for regular medicine to realize that there are really many good things in irregular medicine. And the full light of this discovery leads to an impetuous desire to take irregularism in bodily—both the good and the bad of it.

They do not yet realize the *banefulness* of many of the so-called new remedies and features of their practice. They are just beginning to wake up on this line. A great number of regulars have long since discovered that there was ill success in their methods of practice, and they literally abandoned them, dropped drugs that were destructive, as any sensible and conscientious man would do. But, the trouble came then, in the fact that they had been blind followers and not thinkers and reasoners in a liberal way; they had been led to think that no good could come out of Nazareth, and there was but one of two things for them to do, and they were obliged to choose between these. One was to become a medical nihilist, eschew medicines altogether; and the other was to drop in line with a cult of some kind. This is why we have so many Christian Scientists, osteopaths, etc. The people, like their doctors, have done the same, and are doing the same daily.

There is not a doubt in the world, there cannot be room for doubt or question, as to why the terrible increase in the mortality of some present-day diseases, in the mind of one who views medicine from a liberal or even from an unprejudiced standpoint.

One of two factors is responsible. First, the do-nothingness of medical nihilism, where the physician is thrown in direct contact with disease, of which we have spoken ; or, second, the blind following of *authorities*, and the being led astray by commercialism, both of which lead to the use of *new* remedies, most of which are untried, and most of which are death dealing.

As has been well said of the coal-tar products, they have slain their tens of thousands. To them may be attributed many of the sudden deaths occurring daily. While we write, this city and the profession of the stage is wrought up by the sudden death behind the scenes of a noted singer from "heart failure." What superinduced this heart failure ? Was it one of the many popular headache powders, or sleep producers, or nervous stimulants, used and recommended by the medical profession ? These are the insidious submarines that destroy the economy by a sudden explosion.

The medical journals have awakened to the fact that the nostrums, the patent medicines are mainly alcoholic producers of toppers, drug fiends; that if robbed of the whisky there would be little left. Do these journals think, and the men who prescribe them so frequently, think, that many of the proprietary foods and digesters, peptons, liquors, etc., so insidiously forced upon the profession by their astute manufacturers, belong to the same class ? Many of them are said to contain from 15 to 20 per cent. of whisky or alcohol, so that when given as directed, the patient takes anywhere from one to three ounces of whisky or alcohol in a day. Their continued use leads to tippling, to drug or whisky habit, to everything that is bad, to nothing that is good—to death.

The possession of a full knowledge of the eclectic *materia medica* and *therapeutics* overcomes to a degree the frequent demand for such strong nerve sedatives, the frequent call for morphia, etc., etc. The physician who can thoroughly relax a patient through other remedies will seldom use or need morphia. The galenicals are as a rule not seriously harmful. They produce results that satisfy patient and physician. To use them intelligently demands study, and as a school we have studied them for 75 years. Had there been nothing to them or in them, does any reasonable reader think that we would not have found it out long ago. Eclectics of the right sort have little need of the ordinary "dope" that makes up ninety-nine one-hundredths of the present-day *materia medica* of regularism. Think of it ! 22.1 deaths per day for the first 23 days of April, in Chicago from pneumonia ! We say it boldly, that we believe "dope" and not disease, was either the direct or indirect cause in 90 per cent. of them.—B.

COUGH COMPOUND.—Dr. George W. Holmes, of Sharpe's, Fla., makes very satisfactory use of the following compound in the treatment of cough, acute and chronic: R. Specific sanguinaria, 3*iv.*; specific lobelia, 3*j.*; dilute hydrocyanic acid, 3*ij.*; fluid extract senega, 3*j.*; bichromate potassium, grs. *ij.*; chloroform water, 3*iv.* Simple syrup sufficient to make one quart. M. Sig.: Dose for an adult is one teaspoonful every one to four hours. No water after it for a while. The dose for children should be proportionate to age.

Dr. Holmes says: "My excuse for dispensing such a compound as this is that there is a demand made on me for a remedy for cough by patrons who are not present, so that I do not have the opportunity to find out the particular lesion that causes the disturbing symptom, and must really prescribe blindly, so to speak. (I use specific dioscorea often than any other one single remedy.) As a shotgun remedy this compound meets a large number of cases."

[We can testify to the efficacy of Dr. Holmes cough mixtnre. When in Florida in January last a cough which had withstood all of our medical onslaughts for six weeks, and those of some other excellent physicians, yielded readily to this remedy. Whether it was the stimulating effects of the hydrocyanic acid and chloroform water added to the effects of the other excellent remedies in the combination we could not tell. But it is worth remembering, and you should keep it where you can find it.—B.]

THE *Eclectic Review* says that Dr. W. L. Leister, associate editor of the *American Medical Journal* expresses his school likes in the following language:

"I like homeopathy because of what it has done to correct the abuse of medicine; it has done wonders along the lines of symptomatology. I like old school medicine because of its synthetic researches. I like eclectic medicine because it has been, and is now, in the lead in the study and application of the vegetable agencies, especially those indigenous."

The *Review* then adds: If every member of the medical profession was as liberal minded as Brother Leister is we should hear less of the silly talk about rights and wrongs of the several schools of medicines. The rights of each would be unhesitatingly conceded.

THEY say that a "miss is as good as a mile."
Good as a mile? Well I should smile!
I know a Miss that beats all the miles
In the world, whatever their styles;
I'd miss forty miles rather'n miss this Miss,
And I'd walk forty miles to kiss the Miss!

Ergo—Specific medication is *it.*

C.

ANTIDOTE FOR ARSENIC.—The following is a simple method of preparing hydrated oxide of iron, the antidote for arsenic, and one of its chief advantages being that the ingredients are always easily obtained: Take muriate tincture iron, four ounces, and in a vessel of twelve ounces capacity, mix with one drachm ammonia water; shake well, pour on a large wet muslin drainer, wring out the water and alcohol, and wash with fresh water. The stomach having been evacuated by emetics while the antidote is being prepared, give four fluid ounces at once, to be followed by an emetic. Then give two ounces every ten minutes.—*Squibb.*

SOFT CORNS.—How many can cure a soft corn?—and how many more can't? Wet a wad of cotton with raw linseed oil and lay it between the toes against the thing causes us poor beings to lose our religion, renewing the application day by day, and the time will surely come when there will be no corn there. Almost any one can cure a hard corn, but those soft ones—oh, oh! Here is a remedy for hard ones, and also some soft ones: Apply a drop of acetic acid to the corn, when a white, blister-like surface will appear; soak the foot and lift out the corn. Or apply liquor potassa with a small brush; the alkali converts the hard part surrounding the corn into a soap, and with a dull knife the corn is easily lifted out.—*E. R. Waterhouse, M. D., St. Louis, Mo., in Eclectic Medical Journal.*

ABORTING PNEUMONIA.—Several articles have of late appeared in the medical press in which the authors claim to possess the power of aborting pneumonia. The writers of these entertaining productions may honestly believe that they can accomplish all that they claim to be able to do, but the physicians are numerous who find it difficult to understand how it can be possible for a doctor to *know* that he has aborted a case of pneumonia.

As the authors of the articles referred to will, undoubtedly, concede that pneumonia consists of three stages, namely, congestion, hepatization and grey hepatization, and also that congestion of the lungs frequently occurs when there is not the least indication of pneumonia, they surely must expect that their remarks will cause many doctors to feel an interest in knowing at what particular period of the pathological process the aborting is supposed to take place. If the disease reaches the stage of hepatization it surely cannot be claimed that the affection has been aborted. Possibly it has been limited to this stage. If it has reached only the stage of congestion the case is not yet one of pneumonia, and it is impossible for one to *know* that it will ever be more than a case of congestion. In referring to this subject the editor of the *Medical World* very pointedly remarks:

"Scarlet fever is different from cutaneous erythema; smallpox is different from 'Cuban itch; ' diarrhea is different from cholera; and congestion of the lungs is different from pneumonia. Congestion of the

lungs may be but a symptom, or it may be the primary stage of the disease. Congestion is, in other words, an incident; pneumonia is an entity. We do not believe any diagnostician can tell, when he first examines a case of congestion, whether or not pneumonia will follow; nor do we believe any therapist can declare beyond cavil that he will prevent pneumonia following a case of congestion, where the conditions favor a further extension of the abnormal condition. None of the authorities say more, despite verbosity or unproven assertions; hence further discussion would be useless. Treat your congestion of the lungs, when you get it, on rational lines; if you don't get pneumonia following, endeavor to be rational still."

It is true that in congestion of the lungs, as well as in some other abnormal conditions, symptoms often arise which cause the doctor to suspect the approach of pneumonia; and it is also true that well-directed treatment has frequently caused these undesirable symptoms to disappear. These symptoms did not, however, constitute pneumonia, and consequently the treatment did not cure or abort pneumonia. A disease which does not actually exist surely cannot be either cured or aborted. Possibly pneumonia may be prevented, but aborted—*never*.—*J. W. F. in the Eclectic Review.*

WHY MEN DIE.—It has been said that few men die of old age, and that almost all persons die of disappointment, personal, mental, or bodily toil, or accident. The passions kill men sometimes even suddenly. The common expression, "choked with rage," has little exaggeration in it, for even though not suddenly fatal, strong passions shorten life. Strong-bodied men often die young, weak men live longer than the strong, for the strong use their strength, and the weak have none to use—the latter take care of themselves, the former do not. As it is with the body so it is with the mind and temper; the strong are apt to break, or, like the candle, run; the weak burn out. The inferior animal, which live temperate lives, have generally their prescribed term of years. Thus the horse lives twenty five years, the ox fifteen to twenty, the lion about twenty, the hog ten or twelve, the rabbit eight, the guinea pig six or seven. The numbers all bear proportion to the time the animal takes to grow its full size. But man, of all animals, is one that seldom comes up to the average. He ought to live a hundred years, according to the physiological law, for five times twenty are one hundred; but instead of that he scarcely reaches an average of four times the growing period. The reason is obvious—man is not only the most irregular and most intemperate, but the most laborous and hard-working of all animals. He is always the most irritable, and there is reason to believe, though we cannot tell what an animal secretly feels, that, more than any other animal, man cherishes wrath to keep it warm, and consumes himself with the fire of his own reflections.—*Health Culture.*

THE itching gynecologist
 Who gets them on the run,
 And does a lot of cutting
 Where no cutting should be done,
 Is a devastating donkey
 And a lop-eared son-of-a-gun.

C.

NOTES AND SOCIETIES.

THE NATIONAL.

In two weeks the thirty-fourth annual convention of the National Eclectic Medical Association will convene in St. Louis. The prospects at this time are bright for the largest gathering of eclectics ever convened. Over 200 rooms were taken over three weeks ago, and applications coming in daily. Now, doctor, if you have not already made arrangements for attending the meeting, begin to do so at once, for you cannot afford to miss the Love Feast. Let every eclectic have some part in making Eclectic Day at the World's Fair, June 15, a grand success; but, above all, go to the National for the purpose of advancing the great cause of eclecticism. The future never looked so promising for our school, nor were the opportunities ever so great for advancement. With the mortality increasing in the most common diseases of our country—pneumonia and typhoid fever—the eyes of the medical world are turning to the remedies and methods of our system of practice. Do not say you cannot afford to go this year, for you cannot afford to stay at home. You must have some part in this great forward movement of eclecticism. If you ever felt discouraged because eclectics were not represented in the various appointment of city, State and Nation, cheer up. Our men are now serving on more than thirty-one State medical boards, on various health boards all over the Union, are examiners for various life insurance companies, and several of our doctors held commissions as Surgeons in the Spanish-American war. We have gradually, by good work, come to the front, and it only remains for us, by a united, enthusiastic and solid working force, to take our place in the front ranks of the profession. This, doctor, you can assist in bringing to pass by attending your State and National meetings.

THE DATE AND PLACE OF MEETING.

Do not forget the date of the meeting, June 14, 15, 16, 17 and 18, 1904, at St. Louis, Mo.

HEADQUARTERS.

We have engaged 250 rooms at the Hotel Epworth at \$1.00 per day, two persons to a room, separate beds if desired. There is a dining-room on the ground floor, where meals will be served *a la carte*, prices guaranteed reasonable. The hotel is located three blocks north of the Fair grounds, on the corner of Mellville and Rosedale Place.

HALF-DAY SESSIONS.

The Association will convene morning and afternoon of the first day, Tuesday, but the remaining days of the week will adjourn at noon, thus giving every one an opportunity to visit the Fair, both afternoon and evening.

SECTION WORK.

Section work has been divided into three departments—Medicine, Surgery and Specialties—and it is the intention to carry on the three departments at the same time.

The City Society and the Missouri State Eclectic Society will give a reception to the members of the Association Tuesday evening.

Again we invite you to be present, not only that you may have a royal good time and enjoy the Association, but that you may have the satisfaction of helping to advance the great cause of eclecticism.

R. L. THOMAS, M. D., President.

FINLEY ELLINGWOOD, M. D., Secretary.

TEXAS.

We are assured that Texas will send to St. Louis the largest delegation ever. They come in a special car, with eclectic colors flying. They expect to stock it before starting with eclectic good cheer and good times. Space will be set apart to be filled with souvenirs for the Northerners. Horned toads, centipedes and such will be distributed freely from Texas headquarters at St. Louis. To get a souvenir, if nothing more, should bring a thousand to the meeting.

THE GEORGIA ECLECTIC MEDICAL ASSOCIATION.

Members of the Georgia Eclectic Medical Association convened in the ball room of the Kimball yesterday for their thirtieth annual meeting. Most of the morning session was taken up with routine business, organizing, etc. The meeting was opened with prayer by Dr. E. B. Thomas, followed by the roll call by the secretary.

Mayor Evan P. Howell made an address of welcome, in which he referred in his own felicitous way to the pleasure that Atlanta and Atlantans felt in having so distinguished a body of professional men as their guests.

President W. M. Durham responded in a similar vein and then the discussion of the technical subjects was taken up for the rest of the session. The following were appointed a committee on necrology: Dr. E. B. Thomas, Dr. T. L. Thomason and Dr. J. H. Goss. Dr. G. D. Blackwell, Dr. J. T. Gray and Dr. J. H. Vining were appointed censors.

The present meeting is one of the largest in point of attendance of the association and the papers and questions discussed yesterday marked it as one of the most important in its history from a professional point of view. This afternoon officers for the ensuing year will be elected

and tonight prominent speakers, including Major Howell and Governor Terrell, will speak at the annual banquet.

Among the many prominent physicians in attendance are A. L. Nance, Gainesville; O. T. Harris, Big Creek; W. D. Ramsey, Whitaker, Ala.; J. S. Chambers, Quince; C. H. House, Decatur; S. E. Stevens, Alberton, Ala.; D. N. Johnston, Easton; J. P. Harville, Nashville, Tenn.; J. T. Moucrieff, Columbus; V. Langford, Calhoun; G. F. Haygood, Roswell; L. A. Rhyne, Bolton; J. W. Jones, Jasper; J. C. Kincaid, Mineral Bluff; A. E. Tatman, Eureka Springs, Ark.; S. B. Lee, Red Oak; S. R. Harbin, Buffington; Dr. McHan, Fairmount; E. B. Thomas, Atlanta; J. R. Duvall, Atlanta; J. A. Camp, Orchard Hill; J. H. Vining, Atlanta; C. R. King, Atlanta; E. E. Pierce, Suwanee; J. S. Cochran, Birmingham, Ala.; T. L. Thomason, Atlanta; F. M. Young, Atlanta; G. Adolphus, Atlanta; J. R. Graves, Zebulon; T. J. Crow, Athens; Smith Johnson, Duluth; T. H. Cox, Atlanta; Sophia Davis, Augusta; L. B. Webb, Corinth; S. E. Stephens, Alberton, Ala.; J. C. Harris, Jenkinsburg; J. H. Goss, Decatur; W. M. Durham, Atlanta; C. N. Wilson, Maysville; J. V. M. Cain, Atlanta; George A. Doss, Moreland; W. J. Auten, Atlanta; W. J. Houston, Decatur; R. M. Moore, Waleska; G. D. Blackwell, Atlanta; W. M. Fambrough, Bostwick; J. S. Darnell, Talking Rock; M. S. Findley, Cave Spring; S. L. Hinton, Dacula; A. J. Mann, Evermay; N. J. Grizzard, Paul McDonald, Grayson; J. R. DeNove, Suwanee; A. F. Durham, Moxeys; S. A. Brown, Dalton; H. E. Truax, Tallapoosa; G. H. Hightower, Cartersville; M. D. Striplin, Pine Log; H. B. Terry, Acworth; C. W. Miles, Bolingbroke; J. W. Edwards, Senoia; John L. Durham; J. H. Steed, Springplace; John F. Harris, Pavo; Giles Hatchcock, Bellton; W. V. Robertson, Atlanta; J. R. Bupchon, J. C. Adolphus, South Atlanta; L. T. Biggers, Atlanta; E. V. Ball, M. T. Johnson, Lawrenceville; J. R. Bloodworth, N. J. Boswell, Madison; J. T. Elder, Elder; P. L. Collingsworth, Clarkston; J. F. Findley, Cave Spring; R. H. Howlowen; J. M. Anderson, Barnesville; R. L. Hope, Easton; J. W. Harper, A. H. Hand, Rebecca C. Brannon, C. R. King, Atlanta; R. F. Akins, Jenkinsville; D. A. Hardin, Sutallee; J. M. F. Barren, Liberty Hill; W. S. Belgen, Atlanta; A. J. Carroll, Alpharetta; L. F. Bugg, Madison; C. F. Owens, J. W. Mills, Thos. C. McDaniel, R. McK. Reagan, T. A. Atchison, Huckabee; W. J. Smith, J. N. B. Spence, J. H. Powell, A. E. Tatnall, Arkansas; W. A. Smith, Atlanta; M. T. Salter, Atlanta; J. M. Tribble, G. W. D. Patterson, Atlanta; G. D. Price, Holly Springs; J. M. Abbott, W. W. Andrews, Tucker; E. O. Shellhorse, Calhoun; E. O. Veale, Arnoldsville; C. E. Richards, Union Point; W. H. Quillian, Bellton; R. E. Ponder, Ligon; H. A. Johnson, Green Cave Springs, Fla.; G. F. Morris, Defuniak Springs, Fla.; J. J. Roberts, Jacksonville, Fla.; Martha Roberts, Jacksonville, Fla.; J. W. Pruitt, Tennessee; J. M. Keiser, Macon; J. W. Ellis, Kennesaw; J. T. Gault,

Atlanta; W. W. Dykes, Folsom; G. F. M. Cummings, Rockmart; E. G. Calvin, Locust Grove; J. W. Jones, Jasper; C. H. Fields, Marietta; J. W. DeLay, Rome; M. K. Phillips, Bremen; J. T. Gray, Griffin; J. S. Wells, Griffin.

The following program was carried out at the morning and afternoon sessions, many papers being generally discussed by others than those assigned to the students.

Materia Medica and Therapeutics — Chairman, Dr. J. R. Graves, Zebulon; Vice-chairman, Dr. T. J. Crow, Carnesville, Ga.; Secretary, Dr. W. J. Houston, Decatur. "Treatment of Typhoid Fever," Dr. Smith Johnson, Birmingham; discussed by J. R. Brown, J. H. Chastain and T. H. Cox. "Pulsatilla," Dr. Sophia Davis, Augusta; discussed by Robert H. Smith and L. B. Webb. "Iron in the Treatment of Acute Inflammatory Diseases," R. M. Moore, Waleska; discussed by J. S. Darnell, M. S. Findley, J. M. Freeman and S. L. Hinton. "Cactus as Compared with Other Cordial Remedies," Dr. A. J. Mann, Evermay; discussed by J. M. Freeman and N. J. Grizzard. "The Newer Remedies," Dr. Wilson J. Smith, Jackson; discussed by J. R. Nisbett and S. B. Lee. "Apocynum Cannabinum," Dr. M. S. Archer, Atlanta; discussed by J. T. Moncrief and Vester Langford. "Sodium Sulphite," Dr. G. D. Blackwell, Atlanta; discussed by G. A. Thompson and W. S. Wilson. "Chloroform and its Uses," Dr. J. W. DeLay, Rome; discussed by S. D. Durham and D. N. Johnson. "Specific Medicines as Prophylactics," Dr. J. T. Gray, Griffin; discussed by J. T. Gault and J. A. McRae. "Thoughts on the Practice of Medicine," Dr. L. S. Young, Moreland; discussed by W. T. Pace and M. K. Phillips.

Practice of Medicine — Chairman, Dr. A. F. White, Flovilla; Vice-chairman, Dr. J. McGrath, Macon; Secretary, Dr. W. M. Taylor, Covington. "Cerebro-Spinal Meningitis," E. W. Watkins, Ellijay; discussed by J. M. Hightower and E. W. Ragsdale. "Children and their Diseases," Dr. J. H. Goss, Decatur; discussed by G. F. Lyons, W. M. Jones, A. D. Johnson and Dr. McHan. "Diphtheria," Dr. S. R. Harbin, Birmingham; discussed by A. Q. Young, W. S. Wilson, M. A. Owens and J. M. Conch. "The Early Diagnosis of Measles," Dr. O. T. Harris, Big Creek; discussed by J. R. Perry and G. W. Hammond. "Anaemia, Its Treatment," Dr. J. S. Cochran, Birmingham; discussed by W. M. Vickers and Logan Thomas. "Whooping Cough," Dr. Paul McDonald, Grayson; discussed by J. R. DeVore and A. F. Durham. "Membranous Croup," Dr. S. A. Brown, Spring Place; discussed by H. E. Truax and S. T. Whitaker. "La Grippe," Dr. M. D. Striplin, Pine Log; discussed by F. M. Young and G. H. Hightower. "Inflammatory Rheumatism," Dr. H. B. Terry, Acworth, Ga.; discussed by W. O. Durham and C. W. Myles. "Cholera Infantum," Dr. J. W. Edwards, Senoia; discussed by John L. Durham

and R. J. Arnold. "Pneumonia," Dr. J. H. Steed, Spring Place; discussed by C. S. Branyon and J. T. Bowen.

Surgery—Chairman, Dr. John F. Harris, Dalton; Vice-chairman, Dr. Giles Hatchcock, Bellton; Secretary, Dr. C. N. Wilson, Maysville. "Injuries of the Skull," Dr. T. L. Thomason, Atlanta; discussed by N. E. Alston and Dr. Buchan. "Appendicitis: Its Diagnosis and Treatment," Dr. G. Adolphus, Atlanta; discussed by H. A. Broyles, William Brantley and J. T. Albert. "Cancer and Its Treatment," Dr. W. V. Robertson, Atlanta; discussed by J. R. Buchan, Frazier, and J. C. Adolphus, South Atlanta. "Abscess," Dr. W. J. Auten, Atlanta; discussed by S. T. Biggers, Jr., E. V. Ball, W. J. Brown and R. J. Bagwell. "Surgical Emergencies," Dr. M. T. Johnson, Lawrenceville; discussed by J. R. Bloodworth, N. J. Boswell and A. B. Couch.

INDIANA.

We have just returned from the fortieth annual meeting of the Indiana Eclectic Medical Association at Terre Haute, and it was a most interesting one. It gave evidence of the good work done by the officers of last year, setting a pace that will make their successors hustle to equal.

The evening entertainment was most enjoyable. The addresses by Mr. W. R. Duncan and Colonel W. E. McLean were both very entertaining, and the music by the Terre Haute Polytechnic Glee Club was exceptionally enjoyable. Everybody present enjoyed it.

Several lasting impressions were made upon us at this meeting. We could not get away from these facts: The eclectic loyalty and truly eclectic principles and practice enunciated by every man who read or discussed a paper; the hyper-excellence of the papers read. There was not a poor paper presented. We never attended a State or National meeting at which the productions were of such high average. There was not a man present whose name was upon the program who was not ready with his paper. There was not an excuse offered. The number of good old men in the Indiana society is surprising to a degree, but the great number of good-looking, well-qualified, earnest young men in the society is unequaled anywhere. They are loyal and well equipped. In them lies the future strength of eclecticism in Indiana. Old men for counsel; young men for war. In this Indiana is safe. We congratulate the Indiana State Society and the men who guide its destinies.

The officers for next year are: President, Dr. Q. R. Hauss, Sellersburg; Vice-Presidents, Drs. Morse Harrod, Ft. Wayne, and A. S. Hollingsworth, Urbana; Recording Secretary, Dr. Z. T. Hawkins, Swayzee; Corresponding Secretary, Dr. F. A. Hosman, Indianapolis; Treasurer, Dr. O. B. Nesbitt, Valparaiso. Next place of meeting, Indianapolis, upon the call of the Executive Committee.

THE Kentucky State meeting at Louisville was not so well attended as it should have been. The strenuous efforts of the officers should have broken the apathetic sleep of the country brother. But they failed to an extent. Some day the stay-aways may feel that the golden opportunity to help the cause has passed them. Remember, boys, that opportunity has hair in front; behind she is bald, and that if you take her by the foretop you must grasp her when she is coming. A snatch at her after she is past will prove futile.

The officers for next year are: President, Dr. W. R. Ruble, Lexington; Vice-President Dr. L. J. Poe, Butler; Secretary, Dr. Lee Strouse, Covington; Treasurer, Dr. J. C. Mitchell, Louisville. The officers constitute the Executive Committee, and Louisville was chosen as the next place of meeting. In Dr. Fuller, of Mayfield, as a member of the State Board of Health, the eclectic cause in Kentucky has a true and staunch supporter.

OKLAHOMA.

"Oklahoma," to one who has heard the name and is alive to its historical record, brings to mind a new country, a thought of something immature. The day when men, and women, too, were lined up ready for a grand rush into its swelling prairies, seems but as yesterday. Less than fifteen years ago was that "opening," but to-day the fields of grain, the many homes that dot the landscape, the solid cities, the evidences of thrift and prosperity that abound on every hand astound the traveler who goes into "Oklahoma" with the idea that he is to meet a newness that partakes of border life. But let all this pass, the object of these words is the meeting of the Eclectic Medical Association of Oklahoma, 1904, not the Territory.

Promptly at the hour set the society convened in Oklahoma City, May 3, and it was truly a meeting of the society. More than half the membership was present, all the officers, and the announced visiting members. Holding the business down to program, the details were carried through with an exactness that was refreshing. The papers were good ones, the discussions animated, the addresses useful and entertaining. The spirit of eclecticism prevailed as it should when gentlemen of principle meet to serve their cause and advocate their convictions. One of the marked innovations was the fact that members of the homeopathic and the regular schools were invited to be present and participate in the discussions, an invitation that a goodly number accepted. And when it is said that these gentlemen were surprised, and pleasantly surprised, at the manner in which disease expression and remedial agents to be used in disease expression were handled in both papers and discussions, no exaggeration is indulged. These men at least became aware of the fact that the eclectics of Oklahoma knew their

business, and are a credit to the cause of medicine. They know, too, that it is as eclectics, proud of their work and of their school, that they meet and act, give credit to others, and themselves expect credit they have earned.

To Dr. E. G. Sharp is largely due the thanks of the Oklahoma physicians and the visitors for the success of it all. His was the moving spirit, and be it said that every successful cause must have a moving spirit. And yet, but for the combined enthusiasm of all the officers, of the members of the eclectics of Oklahoma, the marked success of this society meeting of 1904 could not have been. And it is safe to predict that next season, when the meeting is held in Guthrie, a still greater credit will come to this, the youngest, and possibly the thriftiest numerically considered, of all the eclectic societies.

KANSAS.—This word, too, brings to the writer a sensation of newness, but of newness in a period of the past. It does not seem long since, in his Kentucky home, the family circle whispered the story of the famine in drought-stricken Kansas, to which so many of our Kentucky people had just emigrated. Kansas was the very extreme edge of the country; that on our map was then blotted in white as "The Great American Desert." But let that pass too; it was over forty years ago. Our object is not to recall the days when Kentucky sent sons and daughters and provisions to this land, which is but one of the many to which she has given her blood and wealth. Our purpose is to speak of the meeting of the Kansas Eclectic Medical Association in Topeka, May 5 and 6, 1904.

For obvious reasons, the meeting was less in members, as compared with the general State membership, than that of Oklahoma. The St. Louis Fair had much to do with this, but the fact that no pressing issue confronted us, and that an old association in good hands leads to indifference of its membership, possibly had more. There was no special cause at stake, no fear of disturbance, no call for active participation, a condition largely, be it said, to the credit of the Secretary, Dr. Packer, to the President, Treasurer and the officers, one and all. The meetings were, however, well attended, the papers good, the discussions animated. It was a very profitable meeting, a good one, enjoyable, instructive.

The same date, the Regular Society of Kansas (just across the hall) and the Homeopathic Society of Kansas convened in Topeka. They, too, were short one third their usual members. Thursday evening a joint banquet of the Homeopathic and Eclectic Societies was held, a most enjoyable affair, Dr. Packer presiding. Impromptu toasts marked the occasion, good feeling prevailed under the soothing influence of a splendid repast, prepared by the ladies of the Episcopal Church. It too was a success, as was a similar joint banquet last year, the only mark of regret being that the mellowing influence which has led these two

schools to meet as friends in their great work to benefit humanity, had as yet touched no responsive chord in the dominant school, whose members in some sections have yet to learn that medical men are cölaborers, not antagonists; that all are contributors to a mighty cause, in which we, as a minority section, are giving out of proportion to that which we receive.

PROF. ELLINGWOOD.—This brief record would be incomplete did it not touch upon the exceptional effort of Prof. Ellingwood in behalf of the National. He was the guest of the occasion both at Oklahoma and Kansas. His address in behalf of eclectic organization was masterly, effective, forcible. Possibly, as never before, was it made evident that the success of the eclectic school depends on the success of the State societies and of the National. There is no denying the fact that, with 10,000 eclectics, we would to day have 10,000 disfranchised practitioners if it were not for our organizations. This, and more too, Dr. Ellingwood made plain to one and all who listened to his argument, and, judging from the number of applications for membership in the National, taken by the members present, there is little danger of immediate decrease in either enthusiasm or organization.

But we must not close without a word in favor of Prof. Wilmeth, of Lincoln, who also made it his pleasant duty to attend the Kansas meeting. He took an active part in the discussions, and not only led others to enjoyment, but seemed to derive great satisfaction in return. His report concerning the Lincoln College and the Nebraska Association is most flattering.

Taking it altogether, the meetings of Oklahoma and Kansas were successes, not only in themselves, but in the cause of eclecticism at large.

J. U. L.

NOTICE—CLASS OF 1896, E. M. I.—A reunion of the Class of '96 will be held at St. Louis during the meeting of the National, June 14 to 18. It is proposed to effect a permanent class organization at this time. A program will be rendered, after which there will be "something doing." Are you "in?" Already a large number of the boys have signified their intentions of being in line, and every member is urged to be present. Forget your business for a week, attend the reunion, the National and the great World's Fair and give your "victims" an opportunity to get well.

O. I. HETSLER, President.

J. S. HULL, Secretary pro tem.

We see in the *American* that Prof. J. D. Robertson is so popular with the "boys" in the *American* that they "office chaired" him. This is substantial applause, and we congratulate Dr. John D. and the boys.

MESSRS. BOERICKE & TAFEL have removed their pharmacy, heretofore located at 15 West Forty-second street, to 129 on the same street, New York. Also their Chicago pharmacy, from 44 East Madison street, to 57 Wabash avenue.

BORN to Dr. W. W. Livingston and wife, of Dunlo, Pa., on April 30, a little son. We congratulate both papa and mamma and the little boy. May his star never set.

DIED at Croton, Ohio, April 16, Dr. George W. Lyman, aged sixty-eight years. Dr. Lyman originally graduated from the Curtis Medical College, and afterwards from the E. M. I., and was a successful practitioner for more than forty years. He was a member of the Ohio State and Ohio Central Eclectic Medical Societies.

DIED, at North Lewisburg, Ohio, May 13, 1904, where he had practiced for nearly forty years, Dr. William H. Wagstaff, E. M. I., '66. The Doctor was one of the oldest members of the Ohio State Eclectic Medical Society, and for nearly thirty years he never missed a meeting. It was one of the pleasures of our going to meet the genial, good-natured "Wagg," as he was called. Infirmities kept him from attending the last few meetings. He started in medicine as a "regular," but under the teachings of Dr. J. M. Butcher, whose daughter he married, he soon became one of the staunchest eclectics of the State. We bow to the will of the All-Wise; but we are sorry that Dr. Wagstaff has been taken from us.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for *complete* price list of medical and surgical works.

The Chronic Diseases. Their Peculiar Nature and Their Homœopathic Cure. (Theoretical part only). By DR. SAMUEL HAHNEMANN. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel. 269 pages. Cloth, \$1.25. Postage, 10 cents. Boericke & Tafel, Philadelphia. 1904.

This volume, although less exhaustive than the *Organon*, is scarcely less interesting and instructive. No one can read it without realizing that Hahnemann was a great thinker and a great man. Read this and it will not be difficult for you to understand why he made such a profound and lasting impression upon the world. In this work he makes clear the homœopathic theory of dynamization (which has some truth in it) and the philosophy of *Similia* (which is about wholly true). The quaintness of his literary style is charming.

C.

Immortality: The Principal Philosophical Arguments, For and Against.
By Dr. W. C. Cooper, Cleves, Ohio. This book will soon be ready and in it there is a rich treat for every reader of it. As an astute reasoner, Dr. Cooper is peerless. The several critics who have carefully read the manuscript are loud in its praises.

B.

Manual of Materia Medica and Pharmacy. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. Stanton Muir, Ph. G., V. M. D., Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third edition, revised and enlarged. Crown octavo, 192 pages, interleaved throughout. Bound in extra cloth, \$2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

Physically this book is up to the Davis Company's excellent standard. That it has reached the third edition proves its value, and that it satisfies the profession. It gives to practitioners and students in as concise and clear a manner as possible, those points which are of value, without the lengthy detail usually found in text-books. Considering as we do that the therapeutic action of a drug is the sole aim of all study given to that drug, we would say that under "therapeutic action" the brevity is a bit too pronounced. The classifications are all avoided and the drugs arranged alphabetically. Altogether the book is a good one and fully fulfills the author's desire to note only the points of essential value, and to eliminate all matter of a superfluous nature. We congratulate him upon his success.

B.

Summary of State Requirements for Medical Practice. Compiled by the Illinois State Board of Health. This is a compilation of the laws of the several States and Territories, and of the rules and regulations adopted by the examining or licensing boards which are empowered to enforce the laws. It gives the essential facts as to how to legally qualify to practice in any particular State. It contains much interesting matter and will furnish replies to many questions asked of those not competent to reply.

B.

How to Write a Medical Article: A Plea for Plagiarism. In this Dr. Lydston literally "does up" a southerner, who copied *verbatim et literatim*, from Dr. Lydston's works, and passed the matter in several ways as the product of his own pen. What will the hungry, medical wretch of to-day *not* do to directly or indirectly add to his fame and finances? Damfino.

B.

PAMPHLETS RECEIVED.—

A New Electro-Medical Mental Treatment of Uterine Fibroids. By Samuel H. Linn, M. D.

Inguinal Hernia, and The Treatment of Hernia by Injection. Two good papers; the first by J. F. Davis, M. D., of Oil City, Pa.; the second by Elmer Grant Dennis, M. D., of Charles City, Iowa.

Cardio-Vascular and Blood-States as Factors in Nervous and Mental Disease. By F. W. Langdon, M. D., Cincinnati, O. Reprint from Cincinnati *Lancet-Clinic*, May 7, 1904. A most interesting article to the neusological specialist.

Practical Clinical Notes on the Administration and Action of Sodo-Nucleoid or Organic Iodine. By G. Frank Lydston, M. D., Chicago, Ill., the eminent surgeon of Chicago. Reprinted from "*Medicine*," March, 1904. Also two other "warm babies" from the iridescent pen of the same gallant author—both are to our liking.

Is the Journal of the American Medical Association a Partisan Organ? The body of this is a letter by the author to the *Journal* for publication, which was refused and the article returned. Were we to answer the inquiry in the topic, we would say as we see it, that it is that and more—an organ out for the "stuff," vile or otherwise.

Good Things—Old and New.

THE PAIN IN RHEUMATIC GOUT.—Charles P. Heil, M. D., late Professor of Anatomy, Indiana College of Medicine, Indianapolis, in the *Mobile Medical and Surgical Journal*, states: "Many of the cases of rheumatic gout which I have treated were of an obstinate and complicated character, and I must state that I myself have been suffering with an attack in the nature of a very severe inflammatory condition, situated in and over the articulations of my wrist, knee and ankle joints. The pain which I suffered most of the time was indescribable. I placed myself under the care of a physician, who, upon examination, pronounced me also slightly affected with cardiac trouble. I suffered the most excruciating pain for ten days and nights without alleviation of my sufferings, nor apparent signs of progress for the better. Knowing full well the efficiency and value of Antikamnia Tablets in these cases, I took two tablets, and about ten minutes after taking them the pain was relieved; I perspired slightly, and then fell into a gentle sleep. The result was simply magical. I slept eight hours in perfect rest, free from all pain. I continued the two tablets every four hours during my convalescence and until complete recovery."

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

JULY, 1904.

No. 7.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER regularly who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. No pay will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of any school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER, Cleves, Ohio.

EDITORIAL NOTES.

NEVER before did we receive such warm congratulations for the GLEANER as we did at the National at St. Louis. From the East, West, North and South came the warmest of greetings—those hearty heart-felt hand-shakes that are more than skin-deep. You can feel them to the uttermost filaments of the nerve-endings. They carry with them a degree of satisfaction that must be felt to be realized. A meeting with so many staunch friends adds years to life, adds pleasant volumes to memory, gives to one that which money can not buy. Do you know there always comes a rich reward, perhaps not always in money, for having done right, for having done the best you could by your fellow man? My brethren we thank you, one and all, for your kindly manifestations and encouragement. We were sorry Dr. Cooper was not there to receive personally full share of the good things said of him. In the meantime we go on, on, on. The GLEANER is a dollar, and its list grows with every week.

SUMMER COMPLAINT.

The season for summer diarrheas, cholera infantum, etc., is now on. It could be well symbolized by the picture of an interminable funeral procession, led by white hearses carrying little white caskets. The slaughter of the innocents through the heated term is paralleled only by the continuous slaying of their elders by that other opprobrium of our profession—the white plague.

I shall not waste a minute of time nor an inch of space in describing the disease. All doctors know all about it in all of its phases. What I shall speak particularly of is its management. It is a shuddering and all-involving sarcasm that no two doctors living treat it in precisely the same way. It is true that the representatives of each school are con-

trolled by a hypothesis peculiar to that school, but this insures treatment only similar in principle, the principle governing the particular doctor's particular school. Yet, we talk about medical science!

Our homeopathic brethren treat it with sole deference to an enormously copious symptomatology, varying in their dosage from uncountable decillionths to the unit. The physiomedicalist gets all he can out of his limited armamentarium, limited through the exclusion of all drugs which, in sufficient quantity, act as a poison. The allopath (at present) is held firmly in the clutches of the microbe, and the meshes of an omnipresent sepsis. Not yet having discovered the microbe which is pathogenetic to summer complaint, they direct their whole therapy against the *symptom*, sepsis. The treatment may be said to be provisional, for as soon as the causative bacterium is discovered, a serum will be evolved which will everlastinglly settle the therapeutic phase of the question. The eclectics, though far from having a correct theory of treatment in this disease (as I believe) are more nearly right than any of the others, as it seems to me. The eclectic medicates *directly*, which is exactly right as long as his treatment is causal; but which may be right, or may be wrong when his treatment is purely symptomatic. The idea is this: If it is wrong for the allopath, for instance, to treat a mere symptom, such as sepsis, it is wrong for the eclectic to do the same. A patient with dysentery may have very emphatic indications for gelsemium, or rhus, or belladonna, etc. We do know though that none of these remedies will cure his dysentery. Must we, in subservience of the doctrine of specific medication, give these drugs to the exclusion of the *routine* treatment, which we *know* will cure the patient? Speaking for myself alone, I answer, *no*. Now, don't construe this to be a slam at specific medication, for it is not so intended. My only purpose is to show that as a therapeutic system, it is still very far from perfect. I believe it to be the most nearly perfect of all the therapeutic methods known.

Now, the way to cure summer complaint, or any other curable disease, is to *remove its cause*. There are two principal predisposing causes which, generally, we cannot remove. One is an overheated atmosphere, and the other is bottle-feeding. We must simply mitigate these as far as possible. The immediate cause of summer bowel troubles, as *all* know, is indigestion. We all know, too, that drugs alone will not cure this indigestion. We know also that predigested, and other laboratory foods are humbugs, and we know better than to waste time and money on them. There is just one *main* thing to do. After making the patient's environment as favorable as possible, what we must do, is to *properly* regulate the patient's diet, after having swept out the bowels with a dose of castor or sweet oil. In many a case I have been called to see, the digestive power had been so far destroyed

by wrong- and over-feeding, that I have suspended all food for 10 to 15 hours. Then I would commence with a weak gum arabic solution, feeling my way along. Your guide in increasing the amount of food, is the character of the stools. Keep the amount short of that quantity which causes the appearance of curds or flocculi. In most cases it is only necessary to highly dilute the milk in the start. Frequently I have commenced by ordering the food to be reduced to 7 parts water to 1 of milk, gradually increasing the strength as the digestive power improves, which it will *always* do. The principle is to *feed the child only what it can digest*, having strict reference to both quality and quantity. Instruct the mother to closely watch the stools and be guided by their character. If she has average common sense, she will quickly "catch on." Her natural impulse *always* is to feed the child to death. This you must squelch right in the outset by a few *tons* of iron-clad logic. Make her see that to over-feed is to *starve* her child to death. You can do it, and you must do it—the little one's life depends upon it! If medicine must be given for a moral, or other reason, let it be employed in the minutest quantity. The drugs which are most excusable in the case are specific nux-ippecac, nux-aconite, or nux-matricaria. Let the little patient drink (little at a time) frequently of cool water in which a small quantity of gum arabic has been dissolved. This is often made more grateful by squeezing into it a few drops of lemon juice.

Doctor, this is the *correct* way to treat summer complaint and you know it. You will not waste precious time and vitality on the sulpho-carbolated and other foolish antiseptics, and I know that. You will treat them as I have indicated and save every curable case. If you don't, and won't do it, my conscience is clear at least.

In actual cholera infantum, secure surface warmth, and give (preferably) Rubin's saturated solution of camphor—drop doses, or less. If it is not accessible, use comp. cajaput mixture in same dose. As soon as the cramping, vomiting, etc., are overcome, quit all hot stuffs, and fall back upon the method I have recommended for summer complaint.

C.

THE Ohio State Eclectic Medical Society annual pilgrimage is soon to be taken, and beautiful Put-in Bay and Hotel Victory the Mecca. Many there are who remember previous pleasurable meetings. This one will be after the old style—a good meeting and a good time combined. The officers have acquitted themselves nobly, they have worked hard and the program shows it. The young men are coming out this time in full force. They intend to take up the work and make has-beens of some of the old ones. See the official announcement elsewhere in this issue, and meet us at Sandusky, Monday, July 11th, at about 5 pm., on our way over upon the good ship Kirby.

B.

THE thirty-fourth annual meeting of the National Eclectic Medical Association, which met last week in St. Louis, must be written in its history as the best ever, and this from several view points: Attendance—there were more than 450 physicians registered and we find a number did not register. Besides, there were over 350 ladies registered, to not mention the sons, daughters and friends who attended. The hotel people told us that they cared for over 1000 of our party, and there were a number unable to procure rooms at the Epworth.

The hotel accommodations were good, and the attention we received by the Epworth was marked. Considering the rates, everything was very pleasant and satisfactory. The hotel is new and located less than ten minutes walk from the Skinker entrance to the Fair; or, if preferred, a street car may be taken at the hotel door to the same entrance. We suggest to GLEANER readers intending to visit the Exposition that they write the Hotel Epworth for rates, etc. While it is not the best hotel in St. Louis, it offers comforts and conveniences that can not be procured at the down-town hostleries or boarding houses.

The reception and entertainment given by the local physicians to the National on Wednesday evening, was very pleasing. The musical part was given in the auditorium, and the buffet lunch was served upon the roof garden of the hotel, from which point an excellent view was obtained of the gorgeous electric display upon the Exposition grounds and buildings. We congratulate those who entertained.

The section work of this meeting was of an excellent order. At times, three sections were in session and in this manner the extensive program of the meeting was disposed of very expeditiously. Every man had an opportunity to read his paper and every paper was fully discussed. A noticeable feature of these National gatherings is the improvement in the papers offered and in their intelligent and thorough discussion. We have a number of young men in the National coming from various parts of the country, who need to doff their hats to no one, when it comes to the preparation of a paper along their respective lines. Again, the association is developing a number of mighty fine talkers. Within a year or two, indeed, we will have some orators—some speakers (and they are comparatively new ones), who need not be ashamed to speak any where, upon any subject.

The finances of the organization are still in fair shape—fair only. Notwithstanding the fact that at the close of the meeting last year there was a most comfortable balance in the treasury, upon convening at St. Louis less than \$400 remained. At this meeting the receipts were between \$1300 and \$1400, with the dues of quite a large proportion of the membership yet to be paid. While we do not favor the accumulation of a large fund, at the same time we think the Executive Committee and

the Auditing Committee should give our expenditures the most critical attention as to their economical disposition. They can not be remedied at the meeting—it is too late—the money is then spent and receipts are shown. No society or organization can prosper without some financial security. Let the National be sure in having a comfortable balance. Guard the stipends well.

The membership was increased by adding something like 92 or 93 new names to the roster. Besides, several old members were reinstated by the payment of \$10, the necessary amount. These accessions outnumbered those of the Indianapolis meeting by 5 or 6. A very great deal of work could be saved the Committee on Credentials if State secretaries would only see that the applications for membership from their respective States are complete. Their failure to do this adds very materially to the labors of the committee, whose place at best is not a bed of roses by any means. This year, as always, there were a number of applicants rejected. It is strange how some people, and seeming good ones too, will try to foist upon the Society a trashy, or tricky, unclean friend.

The amendment to the by-laws relative to the reorganization of the Committee upon Medical Colleges was disastrously defeated. It did not have the ghost of a show. In our opinion this is right. Only men familiar with the workings of medical colleges and the requirements of the various State boards should be upon that committee. There are some things in existence, however, which might lead one to criticise both this committee and the American Confederation of Eclectic Medical Colleges, an organization separate and apart from the National. We need not mention them now. But, had both of these minor bodies had the "nerve" necessary to mention and condemn these existing wrongs, as they see and saw them, the wrongs would have long ago been righted, and several ugly blotches upon the fair face of eclecticism would have been saved. The continued silence allows the cancer not only to live, but to grow broader and deeper, until to-day the X ray could hardly burn off some of the nasty sores. The greatest menace to eclecticism to-day lies not in the danger of its affiliation with allopathy. It is in the methods pursued by some of its colleges, and the man who has not the strength to condemn these methods when it is his duty to do so, because of his position upon a committee, should not assume the responsibility. There need be no fear in him who does right along these lines. He must have as his loyal support every State board in the country, and the full approval of every eclectic who has pride in his school sufficient to demand that it be made clean.

The officers for next year are as follows: President, Dr. W. E. Kinnett, Yorkville, Ill.; Vice-presidents, Dr. L. F. Perce, Long Beach,

Cal., M. E. Daniels, Honey Grove, Texas, and J. R. Duvall, Atlanta, Ga.; Recording Secretary, Dr. Finley Ellingwood, Chicago; Corresponding Secretary, Dr. H. H. Helbing, St. Louis; Treasurer, Dr. W. T. Gemmill, Forest, O. Next place of meeting, Saratoga Springs, N. Y.

The by-laws were so amended by full consent that the meetings hereafter shall not be less than three days, and that the election of officers, or the meeting of the electoral college, shall be upon the last day.

The President, Prof. R. L. Thomas, M. D., showed himself to be equal to the demands of the office in every particular. Business was transacted in a business way; committees were well-appointed and did good work generally. We congratulate him upon his ability as a presiding officer. The same praise applies to the Vice-presidents and to the several Section officers. They were well chosen and did good work. We congratulate the new President. He has been in the National harness for many years. He is courageous, industrious, illustrious. No man need watch or suspect Dr. Kinnett. His corps of assistants are all of the first order and we will have a good program and good meeting next year.

We would suggest that the Committee upon Press be appointed a long time before the meeting, so that introductions to the necessary papers, etc., may be arranged for in time for the meeting. The ordinary newspaper reporter is a queer subspecies of the genus homo. If you do not catch him just right, he will do all wrong. Let a solid committee be appointed early.

Further, the Committee upon Registration should be separate and apart from any other committee, and it should be composed of at least three young hustlers, so that it may not prove too confining to the one at work, while the others "drum" the bushes. Do you realize that the Committee upon Credentials could use to good effect two or three "drummers?" After the meeting adjourned we found two or three bashful fellows, who would have joined gladly, had a personal request been made. We are sure that while several good fellows did interest themselves along this line, that had the duty been *thrust* upon some two or three more smooth fellows, we could have made the score 100.

A most pleasant and promising feature of the National is the various class re-unions that are occurring at these meetings, and the spirit is growing. That famous class of '99, E. M. I., had twenty members present. They enjoyed a banquet. They had a royal good time. The class of '79, our class, had a half dozen. We heard several say that the most joyous part of the meeting to them was the greeting of the "old boys," whom they had not seen for 30 or 35 years, etc. There is

something in the re-union of class members, in class spirit, that reaches away down deep into our make up, that carries us back to those old college days, that stirs us up as nothing else can do. We can't describe it. We can feel it—enjoy it. (Another class, E. M. I.'96, had 15 present)

The stirring affair of the first night, that set all of the ladies' eyes and tongues and fair necks moving, was a real live wedding. It occurred in the hotel parlors. Dr. H. E. Truax promised to take Dr. Florence Tippett Duvall, as she did him, for better or for worse, through sickness and health, to love, honor and obey throughout life. We congratulate them, and hope that the future has great store of happiness and success for them. Their home will be in Tallapoosa, Ga.

Dr. W. B. Chnrch, and his good wife, now of Holland, Mich., who were married at our Portland meeting in '96, were present at this meeting, looking well and youthful as they did eight years since.

The National may become the retreat of lovers, and a Committee upon Parson-parties may be necessary. Who knows?

Three new eclectic journals are about to be launched. In fact, the announcement of the Los Angeles Eclectic Medical Journal is already out. Nebraska will soon have one and so will Georgia. These two will be the supporters of their respective colleges, and the former is likely the forerunner of a prospective college. We wish them all the success they deserve and a very great deal more. We hope they may corral every eclectic in this broad land, and very many regulars and homeos besides. The more the merrier. Like medical colleges, a good one helps us all--a poor one damns us all.

Of course with so large a concourse, they must come from somewhere. But we were most agreeably surprised at the large delegations from some localities. Ohio, always loyal, likely led the van, with fully a hundred or more present. Georgia, Texas, Ark., Penna., Tenn., Ky., New York, Kansas, Missouri, were all well represented. California, so far away, had some five or six active fellows present. (Watch Price and Welbourn!) West Virginia (Yost, Werner & Co.), Oklahoma. (What about Sharp?), Wisconsin (Burns), Michigan, Iowa, each had a full quota on hand. The vote in the electoral college was the largest in many years.

B.

DR COOPER has stirred us up recently upon sanguinaria and eucalyptus as mucous membrane remedies. There are those old cases, chronic, the active inflammatory stage has passed. The mucous membrane is depressed, atonic. There is hypersecretion. In throat and

laryngeal troubles, there is besides a hyperesthesia, a nervous tickling or irritation, perhaps a burning or dry sensation, sense of constriction or difficult deglutition. But, it matters not whether the affection be catarrhal, laryngeal, bronchial, gastro-intestinal, or genito-urinary. The remedies are specifically *mucous membrane stimulants*. Given discreetly they will stop a cough, cure catarrh, correct respiratory wrongs, stimulate digestion, overcome gastro-intestinal torpor. Think of them as well when the skin is cold and clammy, cold feet and hands. The remedies are good ones. Study them carefully. Eucalyptus is the best when there is a hyperesthetic nervous complication: the sanguinaria is best when there is hypersecretion from mucous membrane. B.

MUCH too frequently we hear a young eclectic speak of the competition and the number of physicians at certain desirable locations, and search is continued for a place where there is no competition. This is a great mistake, as we see it. To be sure, too many good doctors in a certain limited field must necessarily cut up the business for all, as no one man can hope to please everybody in any one locality, and each will have a greater or lesser following and some part of the returns.

But, too much stress should not be laid upon opposition and competition. One should not locate anywhere with the idea that he has opponents and is up against opposition. Competition is the one thing that makes a man active, and that keeps him alive in any business. Good, healthy competition is one of the best stimuli that a young man can have, and if he be a thoroughly equipped eclectic of good principles and practices, he can not possibly have too much of it. The greater his competition, the greater the opportunity to contrast his work with that of others. In medicine works tells. It is not necessary to publish it. The people are wise, and the young eclectic is wise who bucks up against strong competition in a good town among good people. If success follow him, competition may become opposition. Then, wisdom says keep still: saw wood, and while you are doing the work let the opponent sing the song. There is more money in work than there is in singing a song. B.

DIPHTHERIA.*

By J. L. HENSLEY, M. D., Marion, Ohio.

Mr. President, Officers and Members of the

State Eclectic Medical Association of West Virginia, Greeting:

I desire to acknowledge the distinguished honor conferred upon me by your Corresponding Secretary, Dr. J. A. Monroe, of this city, in extending to me so cordial an invitation to attend this session of your

* Read at the West Va. State Eclectic Medical Society at Wheeling, May 28, 1904.

Society, with a request that I prepare a paper for the occasion. I am delighted to have this courtesy extended to me, notwithstanding I had the honor of signing the first call, in 1869, for a meeting to organize a State Society. But that call proved a still-birth. I rejoice in the present healthy manhood of your organization. In looking over your excellent programme I noticed that no paper was reported on the subject of "Diphtheria;" hence I selected that as a subject upon which to prepare a brief paper for this occasion.

The word diphtheria is from a corresponding word in the Greek language, meaning "parchment," from the resemblance of the exudate to parchment. For many years this disease was considered strictly local, and was treated locally by the use of applications to the throat internally, in the form cauterization, swabbing, burning, and spraying. All of these which prove worse than useless, though many still treat the disease in this way. I was led to a more careful study of this lesion many years ago, being invited by my old preceptor to see what he called an interesting case of "brain fever." On our arrival he proceeded to dress a blister which he had produced on the back of the neck of the little girl. We found the denuded surface covered with the characteristic diphtheritic exudate. On studying this condition I was led to suggest an examination of her throat, which we found covered with a mass of ash-colored membrane. Taking these facts into consideration I made a more careful study of the disease in general, and was convinced that it was a constitutional disease, arising from some form of poisonous virus entering into the general circulation and calling for constitutional treatment.

We are often informed, when called, that the patient has a bad cold, and is suffering intense pain in head, back, and limbs. Upon examination we find pulse rapid, and temperature running from 100° to 106° F., the patient suffering intense pain in all parts of the body. This stage very much resembles the pain and fever of the formative stage of small-pox. We must continue our research before diagnosing the case. Placing the thumb and finger on the throat externally, with gentle pressure, we find the cervical glands enlarged. We examine the tongue, and find it coated to some extent with an ashy coating over a red base. Depress the tongue, and if the case is of two or more days standing, we find one or both tonsils covered with a dirty white, or ash-colored, exudation, resembling leather. The base of the tonsils, uvula, and soft palate are a dark red; the tonsils are swollen and almost in touch with each other; and, although the little patient affirms that his throat is not sore, that it is all in his limbs, back and head, in many cases he complains of ear-ache. From these symptoms we conclude we have a case of diphtheria. What shall we do? One says burn out the coating with caustics;

another says, spray his throat with peroxide of hydrogen, or bichloride, and so on. "You must get rid of the membrane," if it costs the patient's life! What is the membrane? It is simply the blossom showing in the throat, because that is the most superficial part. You might as well go into an orchard and pluck off the blossoms to kill the tree as to attempt to cure diphtheria by burning out the pellicle.

However, something must be done and done quickly. The serum-therapist says, plunge the syringe into him and charge him with antitoxine. You thereby hasten the threatened paralysis from the poison already in his system menacing his life. Hold on! Let reason have a moment's time. From your first examination you have an observation. What is it? Let us read it. It is the pain arising from the zymosis—from the poisonous virus in the blood. The demand is for "antiseptics." Among the best of these we name echinacea, echisfolia, baptisia, and the mineral acids. We find the quick, feeble pulse, calls for aconite; occasionally a full, rapid, bounding pulse, demanding veratrum vir., is found in the early stages. We see in the dirty coating on the tongue a call says baptisia tinctorum. A red tongue beneath the coating, and dark red tonsils, uvula and soft palate, speak almost audibly and say, 'acids, strong acids.' All through your mind is written acid—an antiseptic for the blood poison—acid for the dark red color. The swollen glands call for specific phytolacca.

Now let us prepare the remedies. I prefer to prepare them myself, proportioning each to age and condition of patient. Say for a 7 year old child:—R. Specific aconite, gtt. v; specific phytolacca, gtt. x to xv; water, $\frac{1}{3}$ iv. M. Sig. Teaspoonful every $1\frac{1}{2}$ hours. R. Specific baptisia, gtt. x; echafolta or echinacea, gtt. x; water, $\frac{1}{3}$ iv. M. Sig. Teaspoonful every $1\frac{1}{2}$ hours. R. Acid, nitro-mur, gtt. xx to xxv; potassium chlorate, gr. x; simple syrup, $\frac{1}{3}$ i; water, $\frac{1}{3}$ iij. M. Sig. Take a teaspoonful every $1\frac{1}{2}$ hours. For first twenty-four hours, then lengthen the time to two hours. The patient should not swallow anything after taking the acid prescription for a sufficient length of time for the medicine to have its local effect on the throat.

For External Use.—R. Sweet spirits nitre, $\frac{1}{3}$ ij; comp. spirits lavender, $\frac{1}{3}$ ij. M. Sig. Bathe the throat externally every half hour. Let the surface dry before shutting the air from it. Caution.—Be careful of fire, as this remedy is highly explosive.

At bedtime fold flannel several thicknesses, long enough to reach to the ears; wet with cold vinegar, and bind on the throat with a dry towel around the neck. Keep on until morning; sponge with cold water; wipe dry and resume the liniment. *Use no heat.*

This disease being highly infectious and to some extent contagious, the patient should be isolated from others as much as possible.

The room should be well ventilated and kept scrupulously clean. The cuspidor should be discarded and paper substituted in its stead to receive the spittle; this should be burned and a fresh paper supplied several times a day. Lime should be slaked in an iron vessel in the room to keep the air soft and pure. This is a great comfort to the patient's breathing. Pine tar dropped upon a hot shovel, allowing the vapor to fumigate the room, will to a marked degree, destroy the infection, and be much more pleasant than the fumes of sulphur. Disinfectants should be freely used. Bathing of the patient should not be neglected.

Give plenty of good nourishing food, such as milk, eggs, soft toast, good broths, mush and milk, fruits, soft ripe apples, oranges, and pine apples; in fact any wholesome easily digested food in reasonable quantities. As a drink give pure water or lemonade. No swabbing, no cauterizing, no horse-blood. Press the treatment as indicated specifically with as few changes as possible, especially the acid, which should be sufficiently strong to be pleasantly sour, *but not corrosive*. Push this every two hours as long as nature keeps the red flag up in the throat (excuse the reference). I say it modestly, for over thirty years I have used this treatment alone, with but one fatality, and that one was complicated with erysipelas.

Convalescence may be treated as in any other case of general prostration where the blood is involved. Good nursing and proper food is generally sufficient.

It always provokes a smile to hear the assertion "that the patient was improving nicely when blood poisoning set in and he died." Bear in mind that you have nothing but blood poisoning from the incipiency of the case. Arrest that and the local manifestations in the throat will take care of themselves.

Brother practitioner, try this treatment strictly along the lines of specific medication and you will want no other.

CYPRIPEDIUM.

By E. R. WATERHOUSE, M. D., St. Louis, Mo. .

Cypripedium pubescens, in an indigenous plant known under various names to the laity, as American valerian, nerve root, yellow-moccasin flower, Noah's ark, but more often called yellow ladies' slipper. There are several varieties of this plant, all giving about the same medicinal action.

The root is the part used in medicine. A very good fluid preparation may be made by maceration, using eight ounces of the coarsely

ground root to the pint of finished product. Still, the specific medicine will yield the most satisfactory results.

This remedy is one of the most prompt and reliable medicines in certain nervous conditions that we have in our entire *materia medica*. I am of the opinion that very few of our physicians use it to any great extent. The American Dispensatory says it is tonic, stimulant, diaphoretic and antispasmodic, and that it is valuable in all cases of nervous excitability, or irritability, unaccompanied by any organic lesion. I find it a reliable remedy in cases of nervous conditions accompanying diseases of females, as well as reflex nervous troubles depending upon disorders of the liver and stomach, as well as upon intestinal indigestion.

In chorea it is probably the most certain remedy at our command. I have cured many cases of this disease with this remedy alone. In all cases in which the remedy gives prompt relief, we must find the characteristic tongue pointing us to this drug. The tongue is noticeably swollen, abnormally thick, puffed up like a pin cushion. The greater the amount of puffiness the more promptly and decisively the remedy acts. This condition has pointed out its use in numerous cases, such as in *paralysis agitans*. Of course we will not expect to cure such a case; but where this tongue is found we will relieve a large amount of the shaking, and as the tongue assumes its normal condition, improvement will cease. In cases of chorea where the tongue is normal, I would not depend upon this remedy for a cure; but with the swollen tongue, a cure can be depended upon within thirty days in all cases. After the remedy has been given for a week, the tongue will show considerable decrease in the puffiness, while no improvement can be noticed in the choreic shaking; but soon improvement will be manifest in proportion to the approach to the normal in the condition of the tongue. Its action in many respects is not unlike *pulsatilla*; but where it is specifically indicated its action is much more pronounced.

I find it a good remedy in nervous headaches, due to either a disordered digestion, or to some deranged condition of the female generative organs. Where there is constipation give the combination of *podophyllin*, *irisin*, *leptandrin*, and *nux*, a tenth of a grain each, which will cure this condition, and the *cypripedium* will do the work for the nervous system. Where there is a mental depression attending these cases of nervous trouble, we find a place for the remedy, which will be found second to none.

In teething troubles of children, with extreme disturbances of the nervous system the remedy will give a good account of itself. Here it will give the child the needed sleep, and at the same time increase the power and strength of the nutritive functions.

We find many cases in which the patient is run down, and com-

plains of neuralgic pains, which seem to migrate from one place to another, especially in nursing mothers, in whom frequent child bearing has been a cause, combined probably with too much hard work. Here we generally find this thick, broad, puffy tongue, and here we find a place for cypripedium. In cases of delirium tremens, and other cases attending chronic alcoholism, we seldom find this tongue; but on the other hand we have the narrow, contracted tongue, indicative of nervous irritation, rather than atony, and therefore gelsemium or scutellaria becomes the remedy that will do the greatest good.

I have seen many cases of nervous trouble caused from over sexual indulgence as well as self abuse, in which this remedy was well near a specific. One such case was a lady of eighteen, who had married a man of fifty-five. He was one of those men who might be termed a sexual bankrupt, and she being of a thorough religious turn of mind, did not do as most such unfortunates do, that is borrow some man outside. But, as she confessed to me, resorted to unnatural manipulations to satisfy her passions. She was in a most pitiable condition. Her muscles were twitching, eyes blinking, with all symptoms of a nervous wreck. She freely confessed that she was unable to resist the temptation. I found the puffy tongue, and gave her cypripedium, with an occasional dose of lupulin, and salix-nigra. In a month she was a well woman. But she sticks to the sexual sedatives as her salvation. My usual mode of prescribing this remedy is to put half an ounce of the specific cypripedium into a four ounce mixture, giving a teaspoonful every three or four hours, until the desired effect takes place. You are to remember that nervous troubles are always slow to respond, and too much should not be expected until the remedy has been taken for at least two weeks, when in most cases you will notice substantial improvement.

The object of this article is not so much to tell you new uses for the drug, but to point out minute indications for the remedy, so that it can be given with a greater degree of certainty.

Dr. I. J. M Goss says of this remedy: "Cypripedium has not been fully appreciated from the fact that poor preparations of the drug have been used. It is a fine nervine, improving innervation. It acts as a tonic upon the exhausted nerve centers, improving their circulation and nutrition by its direct tonic power. In all cases of atony and sleeplessness, cypripedium will give rest and produce sound and refreshing sleep. In typhoid fevers, where the nerve centers become exhausted, we have either typhomania or morbid vigilance, and here cypripedium will be found to be one of our best and most reliable remedies."

Cypripedia, which is the active principle of this drug, is to my mind a very uncertain quantity. As you know, the most of the concentrates are almost, or wholly inert, and I can see no advantage in using it, so

long as we are able to get a reliable preparation like our specific. It is used to some extent by the followers of alkaloidal medication. Of this active principle the dose will be from a fourth of a grain to a grain, or grain and a half, every three or four hours, and it is used in the same cases as I have designated.

I should have stated that cyripedium is one of our best remedies in those cases of over mental work, and if its usefulness was better known it would save many nervous people from that hell on earth—the morphine habit.

FACTS, FIGURES AND PHYSIOLOGY.

By C. N. MILLER, M. D., San Francisco, Cal., in the Eclectic Review.

The human body is a wonderfully complicated mechanism and the energy put forth by its various parts in order to maintain the life and well-being of the whole is surprising. Let us consider briefly the labor of some of its organs: Recently the members of a senior class at college counted each his neighbor's pulse beats per minute, the various amounts were placed on the blackboard and their sum divided by the number of students in the class. This gave an average of 75 beats per minute. Taking that as the general average adult pulse beat, we worked out the following results:

As the ventricles of the heart each hold two ounces of blood, and as they contract 75 times per minute, there must pass every minute through each ventricle 75 times two ounces of blood, or 150 ounces, equalling $1\frac{1}{2}$ gallons. As each ventricle moves $1\frac{1}{2}$ gallons of blood per minute, then in one hour, or 60 minutes, each moves 60 times $1\frac{1}{2}$ gallons, or 70 gallons. Since 70 gallons of blood pass through each ventricle in an hour, then in one day, or 24 hours, there passes through each ventricle 24 times 70 gallons, 1,680 gallons; and in a year 365 times 1,680 gallons, or 613,000 gallons! That is, it would require 613 one thousand-gallon tanks to hold the amount of blood pumped by either ventricle into the arteries every year. Six hundred and thirteen one-thousand-gallon tanks set in a row side by side, allowing six feet for each tank, would form a row exceeding in length four of the longest blocks in any of our cities.

That is a prodigious expenditure of energy to keep alive. Wonderful as this result is, it is still more astonishing to consider that every drop of this 613,000 gallons of blood must percolate through the capillaries of the lungs, as it passes from the right ventricle to the left! If, from faulty digestion or bad air, the blood stream becomes contaminated and irritating to the lung capillaries, is it any wonder the lungs then break down?

To accomplish this enormous task, the heart is in constant action day and night. If it beat 75 times in one minute, then in an hour, or 60 minutes, it beats 60 times 75 or 4,500 times; if it beat 4,500 times in one hour, in one day it beats 24 times 4,500, or 108,000 times; 108,000 times each day means 1,080,000 in ten days, and in one year, in round numbers, 40,000,000 times. Yet so smoothly is this great work carried on, and with such careful forethought by Nature for the comfort of the entire body, that in a state of health we are not conscious that we have a heart, and sometimes even forget in which part of the chest it is located. Truly, we are fearfully and wonderfully made.

But who of us has ever been taught how to care for this wonderful organ, this faithful, industrious servant? What college professor teaches the practical hygiene of the heart? I should like to make his acquaintance and join his class.

As to the lungs, not only does the blood stream percolate with astonishing rapidity through their capillaries, but the millions of air cells with which they are provided are constantly being filled and emptied of air. This process is known as breathing, and is repeated on an average of 17 times per minute, or in an hour, 60 times 17, or 1,020 times. In a day, 24 times 1,020, or 24,480 times, and in a year, 365 times 24,480, or, in round numbers, 900,000 times.

Then, to recapitulate, in one year, dear reader, the air cells of your lungs and mine will have been filled and emptied of air 9,000,000 times, and there will have been forced through the capillaries of our lungs 613,000 gallons of blood! Is it any wonder that people sometimes die of pneumonia, and deaths from consumption are of such alarming frequency? From the Atlantic to the Pacific, everywhere, the mortality from lung troubles is frightful. In New York City statistics show that from Thanksgiving Day to Easter 400 people go to bed every week with pneumonia; 15 per cent. of them never get up. In San Francisco last year (1903) 655 people died from pneumonia and over 1,000 from consumption.

Who of us, whose lives are devoted to the noble calling of healing the sick, are so clothed that our muscles of respiration are unimpeded? Who can take a full breath without his breathing muscles being compelled to tug at his badly contrived garments? No wonder that in breathing as a rule we use only the diaphragm, the other breathing muscles are so bound down by our clothing that they cannot possibly assist regularly in the work if we would have them. Who teaches us to fit our clothing as Nature fits that of the lower animals? Does the clothing of the cat or squirrel or any other lower animal, from the mouse to the elephant, bind down its muscles of respiration? Go even to the stupid donkey, oh ye physicians, and take lessons!

And what of the quality of the air we breathe? Ministers and other public speakers should bear in mind that an audience of 500 people exhales into the air of the room 8,500 breaths every minute, or in thirty minutes 255,000 breaths! Now, it is pleasant to sit in a warm recitation room, or church, or theater, or street car, but if the air must be warmed by being breathed over and over again by my neighbor, if you will excuse me, I would rather take mine cold. Where have we learned to build our assembly rooms and houses that the air may be not only warm and free from draught, but pure? What professor can instruct us in the practical hygiene of the lungs? The world is waiting for him.

ECHINACEA.—Shumaker gives the results of administration of this drug, the *modus operandi* of which he can not explain, the preparation being the fluid extract of the root, dose $\frac{1}{4}$ to $\frac{1}{2}$ fluid dram; or specific echinacea, dose 5 to 30 drops. He finds that the glandular system seems to be stimulated, the stomach improved in its functions, the appetite increased, while the bowels operate better and the nutrition is improved. He thinks the drug stimulates the retrograde metabolism better than any single remedy known. He has used it in infants a few days old, and at every age without any bad results. He thinks it specially valuable in typhoid fever, in which it can be given without interruption from the start with any kind of temperature. In smallpox it relieves the itching and shortens the febrile period, and also modifies pustulation. In anthrax it prevents the formation of new colonies or boils, and causes subsidence to a certain extent of those already existing. The dose should be large and repeated every hour until twenty-four or thirty-six doses have been taken. If any of the abscesses have an opening, the remedy should be applied locally in the strength of one part to three parts of boiled water. As a remedy for burns it has no equal, and less cicatricial tissue follows its use than with any other remedy. He uses echinacea one part, boiled water two to six parts, locally applied, keeping this up until the healing process separates the saturated gauze from contact with the part. In senile gangrene his confidence in its usefulness has been built up on the results of its use in less than a dozen cases. It stops sloughing and encourages the line of demarcation. In snake bite he has had no experience with it, but where rattlesnake bites are frequent, many cases are reported by those whose integrity he can not doubt, testifying to its value.—*Am. Med. Compend.*

EDWARD LAUTERBACH, REGENT, TALKS TO ECLECTIC GRADUATES.
—Carnegie Lyceum was filled last night at the graduating exercises of the Eclectic Medical College. It was the forty-third commencement

of the college and there were eight graduates to receive the degrees. Three of them were women, Miss Ida Kesuet, Miss Sylvia Lewis and Miss Ida Mendelsohn.

Edward Lauterbach, in an address to the graduates, spoke of the growing breadth in educational matters which permitted him to speak as a Regent of the State to a school which twenty-five years ago he would have been forbidden to recognize.

"Now," he said, "doctors of this State must take the same examination no matter to what school of medicine they belong, and a doctor is great because of his knowledge alone."

He also spoke of the length of time now necessary to prepare for entrance to a medical college.

"It takes nearly twenty-three years to get ready for the technical schools, and the men are not ready for their life work until they are 28 or 30. I find this all wrong, and I hope to be able to change it while I am a Regent of the State."—*N. Y. Sun, May 14.*

[The Regent has a level head. He looks upon medicine as it is—a business.—B.]

MUSTARD IN A CONVENIENT FORM.—*By George W. Holmes, M. D. Sharpes, Fla.*: R. Oil of mustard, one dram to four ounces of alcohol, mix. It is surprisingly rapid in its action. It is always ready. It can be applied on a handkerchief without stain, and it leaves the skin free from the sticky mess and nastiness that is present when we use the same remedy in any other form. The fumes are rather strong for the olfactory organs, and a compress or towel is appreciated when used to confine its irritation there. In combination with other agents, when an irritant is needed, it acts nicely. It is a valuable substitute for that excellent, but mussy, old emetic powder as a local remedy to the chest, if combined with specific lobelia and a solution of menthol. Frequently a child will not allow you to keep the remedy applied. Then, R. Oil of sassafras, specific lobelia and the menthol solution, mentioned elsewhere, in proper proportions, meet this want nicely.

[These suggestions and combinations please us very much.—B.]

A CHICAGO FIGHT.—The American Medical Union and the State Board of Health of Illinois and its attorney have kicked up a nice row. Here are the charges of the A. M. U.:

"We charge him with threatening to prosecute unlicensed doctors and midwives unless they would pay him the amount of the fine, \$100. If he failed to get \$100 he would take \$75 or \$50, or any sum they would give not to be prosecuted. If he fails by threats to get any money from these alleged violators of the medical act he sues them

before a justice of the peace of his own choosing. Then he gets judgment for the full amount of the fine, \$100. If, however, his victim appeals the case or intends to appeal it, Shaw settles with him on the best terms he can get. Usually he gets \$50. He employs spies and cappers to look up victims and evidence. If evidence is wanting his cappers go to the proposed victim for medical advice. If he gets a prescription he becomes a witness for Shaw. Midwives are tempted by these cappers to agree to commit abortions, and if they yield and prescribe for the pretended victim they are in the toils and have to pay their way out. All moneys derived from fines belong to the people of Illinois; hence, every dollar in fines that Shaw gets may properly be called a graft on the public treasury, and what he gets out of illegal doctors for not prosecuting them deserves no better name than blackmail."

All this is denied and counter suits threatened.—*Hom. Recorder.*

IPECAC IN POST-PARTUM HEMORRHAGE.—Dr. C. E. Fisher believes that in this plain and not over esthetic remedy we have a medicine of great value in uterine flooding. Nausea and vomiting have been held to be its particular sphere. But it is because of the effect it has upon the gastric and hepatic centers of the solar plexus that it relaxes the digestive organs and emesis results. The uterus is dominated by the abdominal brain, and relaxes with the stomach for this reason. The pathology is not visible, but inertia occurs, the sanguinary stream pours forth its crimson liquid, the patient blanches, her face becomes bathed in clammy sweat, she sinks into depression, her limbs becomes cool and clammy, her pulse feeble and rapid, and she sighs and is qualmish and weak even to faintness. She is a picture of relaxation, and a crisis impends. Here ipecac will beat both ergot and sabina. How it acts perhaps the Supreme Ruler knows. In some subtle way it gets in its work upon the solar plexus, the nerve supply of the uterine muscle is stimulated, the fibers contract and the hemorrhage is checked. The uterine sinuses have been pouring forth their volume without effort or spurting, the pool of blood has simply come away by gravity, as it were. I rarely give it below the thirtieth, but in earlier obstetric work secured good results from lower strength.—*The American Physician.*

THE act of the urgent, traditional dog
Held a moral well worthy of heed,
He wanted the rabbit, but wasn't a hog,
And wouldn't balk Nature for greed.

Moral—Subscribe for the GLEANER.

C.

THE VALUE OF RELIABLE DRUGS.—An earnest appeal to physicians to make sure that they employ remedies which are pure and which are surely possessed of physiological and medicinal activity, is made in a recent issue of the *Therapeutic Gazette*, as follows: The physician is the only person who uses drugs at the bedside, and who has impressed upon him day by day the fact that if these drugs are not in every sense first-class, the health or life of his patients may be lost. In many instances the wholesale and retail dealer in drugs, while he knows, in an abstract way, that he is handling substances designed to treat disease, does not have it borne in upon him almost every hour that variations in the purity of the substances which he sells may produce variations as to life or death in those who ultimately purchase his goods.

We have reason to believe that much of the medicine which is placed upon the market is far from possessing the activities which we have a right to expect. In some instances these activities have been destroyed by exposure to dampness or to heat; in others they may have been dissipated by prolonged storage; in still others they may have been injured by worms or insects; and yet again, the soil in which medicinal drugs have been grown may have completely altered the physiological activity and power of the drug. In the case of chemical substances, used as drugs, we all know that they are frequently contaminated by substances which they should not contain; and while, on the one hand, many of these contaminating substances are of chemical rather than clinical importance, on the other hand, in some instances at least, their presence produces an evil influence.

Even if the person who employs a drug by the bedside is so lacking in moral fiber that he fails to recognize the grave responsibility which rests upon him, at least he should be possessed of sufficient business foresight to feel that the employment of feeble or impure drugs is to speak lightly, a short-sighted policy, for under these circumstances he may have the discredit of losing the patient instead of the credit of saving him; and what is equally harmful, he may have his own professional judgment as to the value of certain standard remedies so warped that he will conclude not to employ a certain drug in another case when the fault really lies in the substance which he has used being incompetent to do the work expected of it because it is weak or impure. Again and again we have known of instances in which the laity have deliberately taken prescriptions to "cut-rate druggists" in order to save five or ten cents, failing to recognize the fact that of all druggists that druggist was in business chiefly for himself, and certainly not for the purpose of making a financial loss. If, therefore, the patient saves, so must the druggist save by buying the cheapest drugs. The difference between first-class and second-class remedies in cost is infinitesimal when the

cost of each individual dose is considered, but the variation in the result to the patient and physician may be very great. A reliable, physiologically tested remedy may make a reputation, and an inert drug may destroy it.—*Merck's Archives*.

MENTHOL.—I find that a solution of menthol is a very useful remedy. R. Two drams of menthol, four ounces of alcohol. In burns, painful bruises, earache, toothache, headache, etc., etc., it is very valuable. It can be applied to the itchy scalp as well. As a geneaal remedy for pruritis from any cause, and especially from redbugs, that give the tender-footed tourist a heap of trouble, it is excellent. It will quiet the itching of almost any unmentionable locality that insistently reminds one that he is, or she should be, in touch with it. It is useful internally in flatulent colic, etc., as well.

[This is another of the favorites of Dr. G. W. Holmes, of Sharpes, Fla. He he is a very careful and observing physician, and you can rely upon his guidance.—B.]

LONG LIFE.—Weber sums up the main points to be observed by those desirous of a long life, as follows: (1) Moderation in eating, drinking and physical indulgence. (2) Pure air out of the house and within. (3) The keeping of every organ of the body as far as possible in constant working order. (4) Regular exercise every day in all weathers; supplemented in many cases by breathing movements, and by walking and climbing tours. (5) Going to bed early and rising early, and restricting the hours of sleep to six or seven hours. (6) Daily baths or ablutions according to individual conditions, cold or warm, or warm followed by cold. (7) Regular work and mental occupation. (8) Cultivation of placidity, cheerfulness, and hopefulness of mind. (9) Employment of the great power of the mind in controlling passions and nervous fear. (10) Strengthening the will in carrying out whatever is useful, and in checking the craving for stimulants, anodynes and other injurious agencies.—*British Medical Journal*.

A well-known English surgeon was imparting some clinical instructions to half a dozen students. Pausing at the bedside of a doubtful case, he said: "Now, do you think this is or is not a case for operation?" One by one the students made their diagnosis, and all of them answered in the negative.

"Well, gentlemen, you are all wrong," said the wielder of the scalpel, "and I shall operate to-morrow."

"No you won't," said the patient, as he rose in his bed, "six to one is a good majority; gimme my clothes."—*Medical Standard*.

FOUR DRUGS FOR FOLLICULAR TONSILITIS.—Dr. George Royal in *Progress* gives the symptoms in the order of their importance:

Phytolacca.—Pain and stiffness of muscles of neck: The pain begins about the occiput and extends down and out into the shoulders. Roughness, rawness and scraping in the throat. The throat is, at first, dry and the tonsils swollen and dark red. Any attempts at deglutition, at this time, is very painful. After a few hours, the throat becomes a little moist and the tonsils become covered with follicles. Deglutition now becomes less painful but the act more frequent because of the increased amount of mucus. In most cases the fever is marked, in some reaching 103 degrees. A dull, aching pain is often present in the dorsal region and lower extremities. I have had three cases in which albumin was found in the urine. Prostration is marked following these attacks. An aching or rather a dull pain in the forehead extending to the vertex. I use the 6x.

Belladonna—Throat, mouth, and tonsils bright red and very dry at the onset of the disease. Temperature high, 103° to 104°. The attack sudden and the progress rapid. The patient drowsy. Muscles not sore and stiff but jerky, especially as the child is going to sleep. Tonsils swollen and bright rather than dark red. After a few hours someropy adherent mucus appears in the mouth and throat, but the dryness is not relieved. The amount of urine is at first increased, afterwards decreased. The skin is dry and moist in alternation but is always hot. Not much glandular involvement. Bell 30th.

Mercurius prot. iod.—A good deal of glandular involvement, not only the tonsils but the submaxillary glands. Pain on swallowing. The posterior wall of the pharynx and the tonsils red and inflamed. Mucous patches are seen early and follicles appear soon after. There is moisture of the throat and mouth early and increases as the disease progresses. The "flabby tongue, heavily coated, yellowish white at the base," was not present in more than one-third of the cases. About one-third of the cases which seemed to be improved but not cured by bell., were completed by merc. prot. I use the 3x.

Lachesis. Two years ago two thirds of the cases required lachesis. The indications were as follows: A rawness and soreness. A constant desire to swallow and the act of deglutition increased the sensation of rawness and soreness. Swallowing of anything very difficult, swallowing of hot liquids almost impossible because of the pain caused thereby. Food, *i. e.*, solids, swallowed better than liquids. The follicles were small in number and size. The complaints of the patients were out of proportion to the manifestation in the throat. Only a few cases had the characteristic aggravations, "cannot bear anything tight about the throat," or "worse after sleep."—*The American Physician*.

PNEUMONIA -- In commenting upon the remarks made at a Chicago medical meeting by Dr. Bevan, in which the doctor said we have no remedy for pneumonia, Dr. Lyman Watkins, in the Cincinnati *Eclectic Medical Journal*, disposes of the Chicago doctor's erroneous claim in the following manner:

"It seems to take a long time for medical men to learn that there are no specifics for names of diseases. Dr. Bevan could have as well said that we have no single remedy for typhoid fever, rheumatism, tonsillitis or any other disease. Eclecticism has for many years contended for specific treatment of the symptomatic manifestations of pathological conditions, and has asserted over and over again that there are no specifics for disease except as its various indications are met by the appropriate remedies.

"A mortality of 40 per cent. under regular treatment is confronted with a mortality of less than half of this when no treatment but the expectant is followed. It is therefore a good thing that some change should be suggested. Heroic measures intended to 'break up' pneumonia or to control morbid processes in this disease are usually disastrous; the patient is generally 'broken up' much more quickly than his affliction.

"In the treatment of pneumonia we should watch our patient carefully, having due regard for hygienic and dietetic measures, for we must aid and support Nature's efforts. The inflammatory pulmonary condition whether due to germs or other causes, when once fairly launched, must of necessity pursue its course to the end; the disease cannot be aborted, and the outcome largely depends upon the innate vital resources of the patient, aided by skilled nursing and care; no doubt many cases of pneumonia will go on to recovery without further treatment. But remedies have a valuable place in the treatment of this disease, and we have never yet failed to find indications for specifics which for the most part have acted well. The remedies which appear to be called for most frequently in the early stages are aconite, veratrum, asclepias, bryonia, gelsemium, lobelia and ipecac; these, with stillignia liniment, libradol and compound emetic powder externally, are standard remedies appreciated only by those who have used them. Later as the disease progresses, we will find indications for stimulants and heart remedies, such as cactus, strophanthus, digitalis and macrotys, while during convalescence ferruginous tonics and the hypophosphites will be found useful."

—*Eclectic Review.*

AURAL CONGESTION, WITH THREATENED ABSCESS — I would like to mention to my confreres that in the treatment of acute attacks of aural congestion, with every indication of suppuration, both internal and external, and seriously jeopardizing the tympanum, and not infrequently with evidences of threatening abscess accompanied with the most ten-

ciating pains, I have prescribed Antikamnia and Salol Tablets with most satisfactory results. The congestion, fever and pain promptly yield to the persistent use of these tablets, and to attain this I ordered two tablets to be given every two hours. I am firmly convinced that with careful ablution and syringing of the external aural cavity with a mild antiseptic and anodyne solution, and the administration of this remedy, I have aborted the threatened attack and thereby undoubtedly saved the patient from a suppurative sequela, and no doubt in many instances, from operative interference, necessitating the trephining of the sphenoid, or the opening of the antrum to save life. As every practitioner knows, the operation is not infrequently fatal, particularly if the case be an advanced one and the patient an aged one.

As to the local application, I simply resort to tepid water, to which may be added a mild antiseptic, say five grains boric acid to each ounce and a little tincture of opium. This makes an admirable application. This solution carefully injected from two to four times daily to warm and cleanse the vestibule of the ear, and with the administration of Antikamnia and Salol Tablets, or Antikamnia and Codeine Tablets, the practitioner will be rewarded with most gratifying results.—*C. L. Steenssen, A. M., M. D., Professor of Materia Medica, New York.*

USEFULNESS OF DRUGS.—The editor of the *Clinical Review*, in an article on the absurd and nonsensical reflections upon the usefulness of drugs which are too often uttered by men who one would expect to have some regard for the observations and investigations of erudite minds the civilized world over, in part says:

“ If one thing more than another has been found in this world of mutable affairs it is that strong dependableness can be attached to the action of certain drugs upon certain diseases under reasonably favorable conditions. It may be even said that so positive is this action of a given drug upon a given disease that such action will occur even in spite of favorable conditions—that it can be forced even under the opposition of Nature’s laws that seem to govern.

“ It is to be admitted that many times the earnest medical follower sees only defeat in his efforts, and is constrained to grow heartsick at the inefficiency of his power in a particular case. He perhaps forgets for the time that while this science he advocates and reasonably well understands has forces that may be individualized—applied to the individual directly for his benefit, there are at the same time individual limitations, some of which are but vaguely comprehended. In other words, while it may be appreciated that digitalis, iron or quinine possess certain well-defined general effects upon pathological conditions, this is largely general, and there is still further a personal equation that in proportion of cases arises to assert the rule by presenting an exception. Nine out

of ten cases will respond to a definite line of treatment, but the tenth rebels. It is so even in so positive a disease and drug antidote as syphilis and potassium iodide. This element of variation is a large stumbling block to the unthinking and unreasonable mind; it throws many an otherwise balanced man off the track, and soon favors a hesitancy and then a despair that gives way to 'therapeutic nihilism.' The thoughtful man—the one who plods right along with philosophy enough to realize that 'as soon as a man is born he begins to die'—knows that there is a law of limitation, and, in most things, a law of variation, and he keeps these ideas well before him. He is satisfied to bring about a good average result while seeking the ideal. This is the normal sum of human endeavor, and is always, of course, consistent with the scientific development of men and means. There is no need for discouragement in drug therapeutics."—*Eclectic Review.*

IS FISH A BRAIN FOOD?—The "Lancet" does not believe it is. It says that it is doubtful if any food in common use contains constituents which have a selective action or the property of feeding one part of the body more than another. As a rule, when a food is believed to have specific properties—as, for example, brain or nerve food—it really means that such food is easily and quickly assimilated to the body's general advantage. It is stated that fish is a food particularly beneficial to the brain because it contains phosphorus. As a matter of fact, fish does not contain more phosphorus than do ordinary meats, and it certainly does not contain it in the free state. The notion that fish contain phosphorus had probably its origin in the glowing or phosphorescence of fish in the dark, which latter phenomenon is now known not to be due to phosphorus at all, but is caused by micro-organisms.

Fish is an excellent food, both because of its nourishing properties and because of its digestibility, but it is in no sense a specific brain or nerve food.—*Merck's Archives.*

SENECIO AUREUS.—*Senecio* is a remedy of marked therapeutic power, and its properties are so varied that it constitutes a remedial agent of a considerable value in a wide range of pathological conditions. In the various affections peculiar to females it has long been highly esteemed. Its emmenagogue property seems especially adapted to the treatment of amenorrhea, and in dysmenorrhea, when administered throughout the intermenstrual period, its tonic influence upon the uterus has caused it to be regarded as a favorite mendicament. It invigorates the sexual system, and thus favors functional activity. In chlorosis it is employed with much success, and in dropsical conditions its power of exciting the glandular system to normal action is many times of the utmost value.

Senecio is emmenagogue, tonic, alterative, diaphoretic and diuretic.

The most frequently seen specific indications for senecio are as follows:

Enlargement of the uterus with uterine or cervical leucorrhea; diseases of the reproductive organs of women, characterized by a sense of fullness, weight and dragging in the pelvis; soreness, pain and bearing down in the region of the uterus; suppressed menstruation; atonic conditions of the ovaries and uterus, with impaired function; vicarious menstruation; defective action of the uterus; fullness and weight in the perineum, with dragging sensations in the testicles; difficult and tardy urination in the male; painful micturition with tenesmus; dyspepsia, attended with flatulence after meals; excessive secretion of gastric juice, with acidity and cardialgia.

The dose of specific senecio (or good fluid extract) is 1 to 15 drops, but it is usually employed as follows: R. Specific senecio, gtt. x. to 3*l.*, water 3*iv.*; teaspoonful every two or three hours.—*J. W. F. in Eclectic Review.*

NOTES AND SOCIETIES.

OHIO STATE ECLECTIC MEDICAL ASSOCIATION.—Doctor! Are you going to Put-in-Bay? We hope so. In a very few days the State Association will be in session. You can not afford to miss it. No live, up to-date eclectic should neglect his association. All of the professions and all lines of commercial enterprise have their associations and they attend them. You should attend yours. The busy and successful men in all walks of life are the ones that you find at these meetings. The busy man is the one that has time to do things.

Come and meet with us, doctor. Renew old friendships and make new ones. We meet again at the magnificent Hotel Victory. The session rooms are large, cool, airy and pleasant. The accommodations are first class and the service excellent. They have always accorded us a royal welcome and will do so again this year.

The rate is a flat rate of \$3.00 per day; best rooms; first come, first served. Rooms with bath attached 50 cents per day extra.

When purchasing railroad tickets no certificate is needed, as all roads sell tickets at a rate of a fare and a third for the round trip. Baggage checked through going and returning. Boating, fishing and other out door sports may be indulged in, if desired. The program that you have received is proof that we will have a most interesting and instructive meeting. If you have not as yet received a program write the corresponding secretary and he will be pleased to put you on the

mailing list and send you one. We are anxious to secure new members: a post card addressed to the president or corresponding secretary will bring you as many as you desire.

If you have any interesting clinics or cases you wish to present, bring them along.

Your friends are entitled to the same railroad and hotel rates as you are. The officers and executive committee assure you a successful meeting and a good time. Prof. John Uri Lloyd last winter visited old Mexico and will, on Tuesday evening, July 12th, speak concerning our sister republic. Come and meet with us, Doctor—you need the rest and your association needs your presence and support.

"Lest we forget," "Lest we forget"—The time: July 12, 13 and 14, 1904. The place, Hotel Victory, Put-in Bay, Lake Erie, O. The reason: For the honor and glory of eclecticism.

Fraternally.

CHAS GREGORY SMITH, Cor. Sec'y.

224 Dorchester Ave., Cincinnati, O.

W. E. POSTLE M. D., Shepard, O.

THE fortieth annual meeting of the Indiana Eclectic Medical Association was held at the Commercial Club Rooms in Terre Haute, May 11th and 12th. Every officer was present and about seventy physicians were in attendance, a very good attendance when one considers that nearly all our State meetings will be affected this year by the National at the World's Fair. Fifteen excellent papers were read and discussed. Quite a number of new members joined. The social session on the evening of the first day was very successful and the music rendered by the Glee Club of the Rose Polytechnic Institute was very much appreciated by the large number present. All members and visitors were taken on a trolley ride about noon the second day. The election of officers resulted as follows. President, Dr. Q. R. Hauss, Sellersburg; First Vice-president, Dr. Morse Harrod, Fort Wayne; Second Vice-president, A. S. Hollingsworth, Urbana; Recording Secretary, Dr. Z. T. Hawkins, Swayzee; Corresponding Secretary, Dr. F. L. Hosman, Indianapolis; Treasurer, O B Nesbitt, Valparaiso. The next meeting will be held at Indianapolis next May.

THE annual meeting of the Kentucky Eclectic Medical Association was held at the Galt House, Louisville, May 3d. The attendance was not very large, but several interesting papers were read and discussed. Drs Bloyer, Russell, Foltz and Scudder, of Cincinnati, and Drs. Hauss and Ashabanner, of New Albany, Ind., were among the visitors. The Society decided to re-incorporate for another twenty-five years and secure certificates of membership, and make every effort to get out a

larger attendance in 1905. The following officers were elected: President, Dr. W. R. Ruble, Lexington; Vice-president, Dr. L. J. Poe, Butler; Secretary, Dr. Lee Strouse, Covington; Treasurer, Dr. J. C. Mitchell, Louisville.

THE forty-fourth annual meeting of the Massachusetts Eclectic Medical Society, was held at The Thorndike, Boylston street, Boston, Mass., Thursday and Friday, June 2d and 3d. It included the reading and discussion of a number of excellent papers, the annual oration by Dr. Lillian G. Bullock, upon Prenatal Influences, and the annual dinner, which was the usual enjoyable affair. Dr. W. H. Russell, president, and Dr. Pitts E. Howes, recording secretary.

THE annual meeting of the Michigan Eclectic Medical Association was held at Grand Rapids, May 18th and 19th, with a very fair attendance and a good program. Drs Gemmill, Bloyer and several visitors from Chicago were present. The following officers were elected: President, W. H. Snyder, Hastings; First Vice-president, Chas. McLachlan, Ellwell; Second Vice-president, C. S. Sackett, Charlotte; Third Vice-president, E. T. Morris, Nashville; Treasurer, H. P. Evarts, Grand Rapids; Secretary, F. B. Crowell, Lawrence. The next meeting will be held at Jackson.

THE Nebraska State Eclectic Medical Society, on May 3d and 4th, held a very successful meeting at Lincoln, Neb. One that, perhaps, as a whole has never been equaled in the amount of good work done and in enthusiasm expressed for the future of the cause of eclecticism. A large number of very valuable papers were read, which drew out interesting and profitable discussions by the different members present. The association was warm in its praise of the successful work done by the Lincoln Medical College in the past, and expressed a determination to support it still more loyally in the future. Steps were taken, pledging the solid support of the Society to a State Medical Journal, to be edited by Drs. F. L. Wilmuth, W. N. Ramey of Lincoln and J. M. Keys of Omaha. The first issue of which is expected to make its appearance the first of June.

A goodly number of new members were taken into the Society; the resident members tendered a reception and banquet to the visiting society members at the Lincoln Hotel, on the evening of the 3d, and all were unanimous in saying the meeting was in every way a grand success. Lincoln was chosen as the place of next meeting and the election of officers resulted in the following: President, D. L. Palmer, Holdrege; First Vice-president, M. L. Wilson, Humboldt; Second Vice-president, J. N. Gilkerson, Tekamah; Secretary and Treasurer, W. M. Ramey, Lincoln.

NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.—In attendance, enthusiasm, accessions, harmony, and collections, the tenth annual meeting of the New England Eclectic Medical Association, at The Thorndike, Boston, Mass., June 2d and 3d, was the best to date.

The following essays were presented: "Some Favorite Remedies," Henry Reny, Ph. G., M. D., Biddeford, Me.; "Electricity in the Treatment of Disease," John Fraser Barbrick, M. D., Boston, Mass.; "Mental Therapeutics," Sarah E. Willsey Page, M. D., Manchester, N. H.; "The Prevention and Cure of Diphteria," John Albert Donner, M. D., Holyoke, Mass.; "A New Treatment for the Expulsion of Gall-stones," Frederick Henry Williams, M. D., Bristol, Ct.; "What Place Has Osteopathy in Medicine?" Samuel Dow Angel, M. A., M. D., Plessis, N. Y.; "Tuberculosis," Adelard Payette, M. D., Lowell, Mass.; "Empyema—Its Diagnosis and Treatment," Frank Winchester Snell, M. D., LL. D., Dennysville, Me.; "Art of Physic 2000 Years Ago," Charles Gilbert Percival, M. D., Boston, Mass.; "Chronic Nephritis," Oliver Dana Bemis, M. D., Jonesville, Vt.; "The Treatment of Septicemia," Alfred Horace Flower, M. D., Boston, Mass.; "Vaccination Esthetically Considered," Edwin Morgan Ripley, M. D., Unionville, Ct.; "Some of the Medicinal Plants of New England, and Their Range of Application in Disease," Josiah Lister Wright, M. D., Durham, Me.; "Inversion of the Matrix," Frederick Wallace Abbott, A. M., M. D., Ph. D., Taunton, Mass.; "Convulsions Following Brain Injury," Russell Calvin Kelsey, M. D., White Rock, S. D.; "Fever," George Adam Faber, M. D., Waterbury, Vt.; "Pneumonia," Alexander Wilder, M. D., F. A. S., Newark, N. J.; "Puerperal Fever," Henry Harlan Hill, M. D., Lowell, Vt.; "Cystitis," Julius Bruce Hill Cushman, M. D., E. Charleston, Vt.; "Obstetric Emergencies," Sylvina Apphia Abbott, M. D., Taunton, Mass.

The annual address, "The Physician His Own Druggist," by President Percy Lee Templeton, M. D., of Montpelier, Vt., was extremely useful; and the symposiac, "Peculiar Experiences in Practice (Confidentially Confabulatory)" by Many Members, was delightfully interesting.

The new officers are: President, Algernon Fasset, M. D., Portland, Me.; First Vice president, Stephen Benjamin Munn, M. D., Waterbury, Conn.; Second Vice-president, John Albert Donner, M. D., Holyoke, Mass.; Third Vice-president, Alonzo Downing Muchmore, M. D., Plymouth, N. H.; Recording Secretary, Sylvina Apphia Abbott, M. D. (re-elected), Taunton, Mass.; Treasurer, Frederick Wallace Abbott, M. D. (re-elected), Taunton, Mass.; Librarian, Herschel Napoleon Waite, M. D. (re-elected) Johnson, Vt.; Corresponding Secretary, Frank Winchester Snell, M. D. (re-elected), Dennysville, Me. Censors, Dr. Percy Lee Templeton (Montpelier, Vt.), Edwin Morgan Ripley (Unionville, Conn.), Henry Reny (Biddeford, Me.), Alfred Horace Flower (Boston,

Mass.), George Adam Faber (Waterbury, Conn.), Charles Gilbert Percival (Boston, Mass.)

The next (11th) annual meeting will be held in June, 1905, at Montpelier, Vt.

THE thirty-first annual convention of the Eclectic Medical Association of Pennsylvania convened in the parlors of the Parker House, Latrobe, Pa., May 26th, 2 P. M. The meeting was called to order by the President, Dr. Kimmell Rauch. After the usual routine of business a number of interesting papers were read, which were carefully discussed. This was, without a doubt, one of the best meetings and best attended in the history of the Society. We had with us Dr. Finley Ellingwood, of Chicago, who gave us a very interesting talk on Eclecticism, which was appreciated by all. Drs. L. E. Russell and R. L. Thomas, who had promised to be with us, were unable to attend the meeting, which we all regretted very much. On the afternoon of the second day, through the courtesy of the superintendent of the steel works, we had the pleasure of visiting that large plant, which was full of interest from start to finish. The delegates sent to the National are Drs. W. L. Hensel, E. H. Dech, W. H. Wolf, N. M. Sloan, E. H. Moore, Edw. Barnes and C. J. Hemminger. The following persons were elected officers for the ensuing year: President, Dr. Frank Livingston, Johnstown; First Vice-president, Dr. S. H. Dech, Allentown; Second Vice president, Dr. C. J. Hemminger, Rockwood; Recording Secretary, Dr. Nannie May Sloan, Latrobe; Cor. Secretary, Dr. E. H. Moore, Pittsburg; Treasurer, Dr. W. H. Wolf, Pittsburg. The meeting adjourned to meet next year at Harrisburg.

NANNIE MAY SLOAN, Rec. Sec'y.

[What pleases us very greatly is the body of staunch young eclectics in Pennsylvania, that came to the front at this meeting. *We have confidence in our boys.* They are all right. 'Old men for counsel; young men for war.' Pennsylvania has an equipped army, and in a few years her conquering hosts will lead. Boys, shake! — B.]

THE following is a part of the excellent program of the Pennsylvania meeting: Dr. C. J. Hemminger, Rockwood, Pa., "Antitoxine in Diphtheria;" Dr. E. F. Shaulis, Indiana, Pa. (good), "Good Things in Old Remedies;" Dr. C. H. Kirk, Troutville, Pa., "Elecampane;" Dr. L. P. O'Neal, Mechanicsburg, Pa., "Some Thoughts on Minor Surgery;" Dr. S. H. Dech, Allentown, Pa., "Some Practical Points on Rectal Surgery and Treatment of Hemorrhoids;" Dr. N. W. Sloan, "Some Important Points in Obstetrics;" Dr. Kimmel Rauch, Johnstown, Pa., "Paresis;" Dr. A. L. Yoder, Johnstown, Pa., "Peculiar Cases in Obstetrics;" Dr. J. R. Borland, Franklin, Pa., "Arsenical Poisoning;" Dr. C. L. Johnstonbaugh, W. Bethlehem, "Minor Surgery;" Dr. W. H. Blake, Philadelphia, Pa., read a very interesting report of the Board of State Examiners.

TENNESSEE ECLECTIC MEDICAL ASSOCIATION.—This association met at Odd Fellows' Temple, in the city of Nashville, May 25th and 26th. While this association is not so large, its members have the capacity of doing. There was not a drone in the gathering.

The morning of the first day was consumed in a general discussion. It was interesting, as every member present had an opportunity to present his views upon the desultory topics suggested.

The afternoon session at 2 P. M., opened with President Simmons' annual address, which discussed briefly the different systems of cure. This address received the usual vote of thanks. Following the address, the reports of committees were received, after which section work was taken up and occupied the society until 5 P. M., when it adjourned to repair to Glendale Park to enjoy the scenery there and the beautiful spread of varied delicacies prepared by the wives and daughters of the Nashville eclectics.

The morning session of the 26th was promptly called at 9 A. M. Secretary Thos. E. Halbert read the minutes of the previous meeting, which were received without comment. Treasurer Geo. M. Hite reported the society in good financial condition.

Following the reading of the minutes and the treasurer's report, section work was resumed and continued through the day. J. P. Harvill did nicely for the section of *Materia Medica*; the conservative Jno. O. Cummins brought up the section of Practice and M. M. Harvill's section of *Obstetrics* was made magnificent by Prof. Wintermute's very learned and instructive address upon *Puerperal Eclampsia*. So well received was this address that the society, through a resolution by Dr. J. L. Simmons, requested Prof. Wintermute to have his address published in the July issue of the *Eclectic Medical Journal*. Drs. A. B. Young and W. N. Holmes had good sectional work in *Surgery*. F. P. McKeel and J. W. Pruett discharged their duties to *Pathology*. The section of *Medical Legislation* was emphasized by excellent papers from Drs. W. H. Halbert and F. N. Fink. The section of *New Remedies* was well rendered by Geo. M. Hite. Besides the papers by the section officers, there were splendid papers by Drs. T. E. Halbert, M. Collam, Allison, Cox, and Daniel. Following the section work, the society, through Dr. J. P. Harvill, presented a nice cane to Dr. T. W. Cooper, who was 75 years old the first day of this meeting.

A very important resolution was presented by Dr. Simmons and accepted by the society. It is as follows:

Resolved, that the President appoint a committee of five, of which he is one, to investigate the character of those doctors registered as eclectics in the State and to report a revised list of names to the next annual meeting, discarding the pretentious and the unprofessional.

from the list now in possession of the society. The necessary expense consequent to this investigation to be borne by the society.

The election committee, composed of M. M. Harvill, A. B. Young and Jno. O. Cummins, reported as follows: President, Thos. E. Halbert, M. D., Nashville; First Vice president, J. W. Pruett, M. D., Only; Second Vice-president, T. W. Cooper, M. D., Brownsville; Recording Secretary, Benj. L. Simmons, M. D., Granville; Corresponding Secretary, A. L. Daniel, M. D., Lobleville; Treasurer, Geo. M. Hite, M. D., Nashville. This report was unanimously accepted by the society and the officers were installed.

The business of the meeting being completed and the usual resolutions of thanks to the local press, etc., having been expressed, the society adjourned to meet in Nashville, May, 1905.

BENJ. L. SIMMONS, M. D., Recording Secretary.

THE twenty-sixth annual commencement exercises of the California Medical College were held Tuesday evening, May 17th, at San Francisco. A very interesting program was rendered. W. W. Wimer who had attended three years at the E. M. I., was among the graduates.

THE eclectic profession of Los Angeles are up and doing things. Word has reached us that a company has been incorporated there under the name of The Los Angeles Eclectic Publishing Company with a capital stock of ten thousand dollars, a good portion of which has already been subscribed by members of the Southern California Eclectic Medical Association. The object being the maintenance and advancement of eclectic medical interests on the Pacific slope and especially of Southern California, as the country there is developing so rapidly that they feel justified in making this move. A monthly medical journal will be published, beginning some time in July or August, under the name of the Los Angeles Eclectic Medical Journal, with Dr. O. C. Welbourn as managing editor and Dr. M. B. Ketchum as business manager, both of whom are experienced in journal work. The subscription price has been placed at one dollar.

TAU ALPHA EPSILON FRATERNITY NOTES.—Brother Sloan, of Clarksburg, W. Va., one of the founders and charter members of the fraternity, has been added to the E. M. I. Faculty.

Brother Knapp, of Cincinnati, has also been added as an assistant to the chair of Materia Medica. Both Drs. Sloan and Knapp and E. M. I. are to be congratulated.

We are assured of a large attendance at the T. A. E. reunion, to be held at the time of the National in St. Louis.

To the older members the most pleasing feature of the chapter house which is to be established by Alpha Chapter, is that it will be to

them a sort of club house which they may make their headquarters whenever business or pleasure brings them back to Cincinnati.

The one thing which bespeaks the most for the future of the frat., is the growing fraternal spirit which has been so conspicuous in the work of the past year.

Here's to thee, old T. A. E.!
May thy fair name be still revered
When we, thy sons, have passed away;
And may thy works be yet endeared
To loyal hearts, when we are clay.

Dr. W. R. Ruble, E. M. I., '87, recently of Lexington, Ky., is now located at Smith's Grove, Ky., with excellent prospects before him. He will be glad to direct some one to an excellent location, where there is little or no competition, and where a good eclectic is very much desired. Write him.

BOTH Drs. W. A. Ellsworth, E. M. I., '05 and F. W. Vance, E. M. I., '05, have passed the West Virginia Board and are busy. The former is at Silver Hill, W. Va. Bully boys!

DRS. Welbourn and Perce, two prominent figures in the eclecticism of Southern California, are expected to attend the National at St. Louis.

Dr. C. J. Cooper, E. M. I., '02, of Penfield, Ill., died May 21, last, from septicemia, contracted through an examination. His wife, Rachael M. Cooper, M. D., who graduated and practiced with him, desires a successor to their firmly started business. It is worth from \$3000 to \$5000 a year. Write her. She has the GLEANER's sympathy in her bereavement.

DR. Anna E. Park, of 367 W. 23d street, New York, one of that city's best known physicians and philanthropists, died recently from pneumonia. For 27 years she had cared for New York's poor, and was known among them only as the "good doctor." She was 72 years old. For years she had read the GLEANER. We sorrow with all of her friends as we bow to the inevitable.

DR. W. F. Weikall, E. M. I., '03 who is doing nicely at Lewisburg, O., called recently at our sanctum. Call again, Doctor.

DR. G. W. Clark, E. M. I., '04, was married May 12th, last, to Miss Mollie M. Ross, of Geneva, Pa., and they are now happily ensconced in Shippensburg, Pa., where love and good business unite to make them happy. May love and 'lasses—without vinegar and flies—be their's always.

DR. N. C. Bauman, E. M. I., '04, was also caught in cupid's net, his wings bound, and there was no escape. He married a Cincinnati lady whose name we have forgotten, and they are at Wakarusa, Ind., where the doctor will make a good living and a happy home. We congratulate both, and wish them joys eternal.

DR Ellingwood writes us that both the Pennsylvania and West Virginia meetings were well attended and very enthusiastic. We rejoice with him in the promise of the many good things to come to the school from these bodies.

DR. F. B. Black, E. M. I., '79, of 2708 West Washington street, Indianapolis, Ind., wants to place a bright, up-to date, young eclectic in a good place. Nothing to sell or to buy. Write him.

DIED, April 23d, at 2412 East Cumberland street, Philadelphia, Pa., Dr. James S. Stevens, E. M. I., '70. Dr. Stevens was past 70 years of age and was one of the leading physicians of that city.

DIED, at Youngstown, Ohio, Sunday, May 1st, of pneumonia, at the age of 73 years, Dr. Isaiah Brothers, E. M. I., '57. Dr. Brothers was one of the best known physicians of the northeastern part of the State and had been an active practitioner for over 45 years. He was a member of the Ohio and N. E. Societies.

DIED, at his home in Philadelphia, Pa., May 10th, Prof. Roberts Birtholow, M. D., an eminent physician, formerly Dean and Professor in Medical College of Ohio, Cincinnati, but since 1879 connected with Jefferson Medical College, Philadelphia, and author of several well-known text-books. He was aged nearly 73.

DIED, at Hope Hospital, Ft. Wayne, Ind., April 15, last, after an operation for gall stone. Edward A. Hite, M. D., E. M. I., '98, of Kokomo, Ind. Dr. Hite was just coming into prominence in Indiana in his chosen specialty, surgery. He had studied it post-graduate for some time.

Officers Class of '96, E. M. I., elected at the National at St. Louis: Pres. R. L. Smith, Russellville, Ark.; Vice-Pres., W. L. Helsel, Scalp Level, Pa.; J. C. Entz, Hope, Kansas; Sec'y & Treas., J. S. Hull, Hicksville, Ohio; Ass't Sec'y, J. R. Duvall, Atlanta, Ga.

Dr. J. R. Duvall was elected third Vice-president of the National.

Fifteen of the '96 boys responded to the call for a reunion and a most enjoyable time resulted.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

Clinical Features on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Carl Von Noorden, Physician-in-chief to the City Hospital, Frankfort-on-the-Main. Authorized American edition, translated under the direction of Prof. Boardman Reed, M. D. This Part V, concerning the effects of saline waters, like Kissengen, etc., in Metabolism. E. B. Treat & Co, New York. Price, 75 cents.

This thesis is the outcome of close clinical studies, made by Prof. Von Noorden and Dr. Dapper. The results are manifestly a safe guide for clinicians and must prove of exceptional interest and practical value.

They completely refute some of the antiquated and unscientific notions which have long been promulgated at the European Spas, and aped by foreign fad-followers, to the effect that the alkaline and saline waters are incompatible with certain articles of diet, such as the fats, fruits, etc. This little work proves to a degree that careful clinical work surpasses theory, laboratory deductions and experiments upon animals, healthy people, etc. We like it.

B.

The Care of the Hair—In the series of papers on personal beauty which are appearing in *The Delineator*, Dr. Murray, in the July number, discusses the care of the hair. The article contains much valuable information and is effectively illustrated. The following paragraph is likely to destroy a number of common beliefs. “The hair and scalp can not be healthy any more than the skin, unless they are thoroughly cleansed of impurities. The oily glands of the scalp become choked and are irritated to over-secretion, making the hair oily, or dandruff is caused. The hair follicles also become unhealthy, so that the hair grows poorly or falls out. But it should be remembered that it is natural for some hairs to fall out daily—an average of fifty or sixty. These are replaced by a constant growth of new hair. The frequency of a shampoo depends upon the necessity arising from surroundings and upon individual peculiarities. The regulations of a shampoo once a month will do for many, but for others as often as once a week or once in ten days may be required on account of the natural oiliness of the hair.”

Anæsthesia, by Hypodermic Injection of Sterile Water. By S. G. Gant, *N. Y. Medical Journal* and *Phila. Medical Journal*, Jan. 23, 1904. Gant, in more than 150 cases, has found the hypodermic injection of sterile water an efficient anæsthetic. No annoying or dangerous symptoms have ever followed. It has been used in anal fissures, ulceration, hemorrhoids, polypi, prolapse, fistulæ, abscesses, excision of cysts, foreign bodies, division of sphincter, fixation of sigmoid to abdominal wall, colostomy, exploratory laparotomy. The essential point is distension of the tissues and obtunding of the sensory nerves. Method: pinch the skin, to deaden it before inserting needle. Introduce needle between layers of skin and inject a few drops of sterile water, till a small wheal or blister is produced. This process is repeated along the line of incision, much as in Schleich’s anæsthesia. These injections are made *into* the skin. The subcutaneous tissues are then injected through this line until a firm whitish ridge-like swelling, about as thick and wide as the index finger, is produced. If the procedure has been properly carried out, the skin and underlying tissues can now be painlessly incised. The water may be cold, warm, or hot, preferably warm.

Prostate, enlarged; Bank's Modified Prostatotomy. By Sir W. Mitchell Banks. *Medical Press*, January 27, 1904, p. 82. When a man with symptoms of a big prostate suddenly gets retention, and it is clear that instruments of any kind can only be passed with difficulty and suffering, and that the retention of a catheter cannot be tolerated, the following proceeding has been promptly adopted by Banks with the greatest success in obtaining, not only a relief from the immediate danger, but a complete and permanent cure.

With the patient in the lithotomy position the membranous urethra is opened. The floor of prostatic urethra is deeply incised, and the cut should go right up into the bladder so as to split any valve-like third lobe or a cervix-like protrusion. Next, the prostatic urethra should be dilated to the utmost with the finger and the biggest possible glass tube inserted and worn at least for a month.

Ovarian Grafting. By R. T. Morris, at the American Association of Obstetrics and Gynæcology, Chicago. *N. Y. Medical Journal and Phila. Medical Journal*, January 23, 1904. Morris said that at the present time Roberts had reached this point in the practical use of ovarian grafting: (1) If, in the case pyosalpinx, the ovaries and oviducts had to be removed *en masse*, the patient would suffer from a precipitate menopause if she was left without an ovary. If a piece of ovary from this patient was taken, or a piece of ovary from another patient operated on at the same time was taken, and put in salt solution at a temp. of 100° F., and then engrafted in the broad ligament of the patient who has lost her ovaries and oviducts, a precipitate menopause could be avoided. That patient would continue to menstruate, and to have the comfort that went with the possession of an ovary. But if an ovary was grafted from another patient, at the end of perhaps a year, the grafted ovary would have practically disappeared and the menopause have begun. If a woman was grafted with a piece of her own ovary, the menopause might not begin for some years afterwards, or until the normal time for it. This was a practical point which surgeons could apply in their everyday work. (2) A patient grafted with a piece of her own ovary might become pregnant, if a tube and oviduct on one side were left, or part of the tube on one side. A patient grafted with a piece of an ovary from another patient might become pregnant if pregnancy occurred quickly. This had occurred twice with rabbits during his experimentation. But pregnancy must occur before degeneration had gone to such a point that the ova were not well formed. We must not expect pregnancy to occur so late in grafting an ovary from another patient. We might expect it after grafting a patient with a piece of her own ovary. There were many cases

in which the ovaries must be sacrificed, in which part of a tube or an entire oviduct on one side could be saved. This was another point of practical importance. Pregnancy might be expected to occur in a small proportion of cases. He expected to obtain further good results. Thus far it was known that a precipitate menopause could be prevented. Furthermore, the internal secretion of the ovary of a patient could be retained.

Perineal Section, Gibson's Method. By Charles L. Gibson. *Ann. of Surg.*, October, 1903. Gibson does not recommend his method for use in every case, but for cases where there are extraordinary difficulties from the condition of the patient, etc. He uses no guide, but, by means of a rectal speculum, inserts a tenaculum into the prostate, dragging it downward and backward. When a median wound is made, the forefinger is introduced into the wound and slight traction on the tenaculum by an assistant causes an intermittent tension of the urethra, which thus becomes a guide unto itself. Gibson has never seen any infection follow the introduction of the tenaculum, and thinks that the danger thereof is minimal, while in cases already septic, the slight extra danger may readily be faced in view of the better chances given to the patient by this method of operating.

Good Things—Old and New.

SANMETTO IN ORIGINAL PACKAGE.—Sanmetto proves an admirable success whenever prescribed in the original package, thereby getting the genuine article. Sometimes I give a prescription in smaller quantities, and am disappointed in the results, thereby convincing me that a spurious article has been palmed off on my patient.—*S. B. Haygood, M. D., Marble Falls, Texas.*

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THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

AUGUST, 1904.

No. 8.

W. E. BLOYER, M. D., Editor.

W. C. COOPER, Associate Editor.

The GLEANER will not knowingly be sent regularly to anyone who has not subscribed for it, or who does not wish former subscription continued. If anyone is receiving the GLEANER regularly who does not want it, or who does not intend to pay for it, he should at once advise us of the fact, because payment will be expected unless such notice be received.

This has no reference to occasional sample copies that are received at irregular intervals. No pay will be demanded for them. Should more than one copy reach you, you will confer a great favor upon the GLEANER by handing the extra copy to a neighboring physician of any school, or by sending it to a medical friend.

All communications should be addressed to THE ECLECTIC MEDICAL GLEANER, Cleves, Ohio.

EDITORIAL NOTES.

FAREWELL.

For reasons, creditable to all concerned, my editorial connection with the GLEANER ends with this issue. I delivered the GLEANER at its birth, and have had a fatherly relation to it ever since. I have loved and shall continue to love the dear little journal. I have done my poor best in helping to make it a welcome visitor to my medical brethren. A great deal that I have written has been light and flippant, but I hope that I have given you enough of worthier matter to atone for that. It is needless to say that I feel peculiarly attached to GLEANER readers, and that this affection will abide with me until death.

Later, the GLEANER may take on added functions which will widen its scope and increase its usefulness. It is the purpose of the management to make it the acknowledged leader in its chosen sphere of action. It will go on from success to success, just as it has been doing all its life.

And now, brethren, may it fit the mood of the Eternal Verities that your lines fall in pleasant places forever, and forever. Farewell,

W. C. COOPER.

MY EXPERIENCE WITH TETANUS.

The Glorious Fourth is just past, and the tetanic aftermath cometh apace. Before this falls under your eyes, hundreds of toy-pistol victims will have been laid in their little graves. My experience with this dread malady has made me feel that it is unnecessarily fatal. I may be mistaken, for natural coincidence is so easily mistaken for artificial cure, that we all err more or less in our therapeutic conclusions. I hope GLEANER readers will test my method and report. If it proves to be

any good in their hands, then this article will not have been written in vain.

Nearly 53 years ago (I was 17) I stepped on a rusty nail, and it ran half way through my foot. As I went limping home, I met Dr. West. He was a bibulous, but brainy man, and he was a natural philanthropist. Noticing my limp, he asked: "What's up, Billy?"

I explained, and then he said: "Go home and thoroughly wash that wound out with hot, strong brine. Then saturate it with turpentine. Keep applying the turpentine every few hours for two or three days. Keep the wound open so that it will heal from the bottom. *Particularly remember this.* Don't keep the wound too closely confined with wraps. Do this and you will not have lock-jaw." I followed his directions and got out of it all right. Thirty years later, he told me he had employed this method in hundreds of cases, in fact had used it all his professional life, and not one case of tetanus had followed the treatment. He believed it to be absolutely preventive of the terrible disease. I have followed the same course through all my long professional career, and with exactly the same results. Thus much for preventive treatment.

I have treated a number of cases of incipient tetanus, both idiopathic and traumatic, and always with success. My local treatment consisted of counter-irritation over the spinal cord, generally with hot, strong mustard water. I had the spine rubbed with this every three or four hours. Internally I gave a combination of macrotys and gelsemium, and I pushed it hard. I have had, since I have been in the practice, twelve or fifteen of these persons come to me with stiffened muscles of the jaw and throat, following (within the preceding six or eight days) a lacerated or punctured wound. Tetanus was evidently setting in. Whether this was genuine commencing tetanus or a pseudo variety consequent upon fright, I don't know, and I am not sure it makes any difference. All the same, they recovered under that treatment.

It has fallen to my lot to have treated only two fully developed and typical cases of traumatic tetanus. One was an Irish section hand who had run a spike half through his foot. It had been treated at home with the inevitable and diabolical bacon rind. For confining and heating a puncture you can't get anything to beat a bacon rind. Tonic spasm had been on for twenty-four hours before I saw him. There were remissions of the spasm (not cessations of it) and I took advantage of these intervals to administer medica and nutrition. His front teeth were out, so that feeding was not so difficult. I thoroughly cleaned the wound (after opening it) and treated it with the hot salt water and turpentine, as before described. I kept the wound open and free. Macrotyls and gelsemium were pushed for all they were worth, and I believe their worth to have been much. His severer convulsions were attended with

violent opisthotonus. In three days the most marked symptoms began to abate, and by the fifth day they had all disappeared. He made a complete recovery, and afterward beat me out of my bill with remarkable tact and neatness.

My next case was a negro boy, aged about 14. Some eight or ten days before he had been riding on a gravel wagon. With characteristic boyish prankishness, he stuck his foot between the break block and the tire of the wheel. The driver, being of a playful disposition, pressed upon the lever. All the skin was scraped off the bottom of the boy's foot. It was a frightful wound. No physician was called and the wound was treated by his mother with plantain leaves, etc. It healed rapidly, but in eight or ten days tetanus set in. This case was remarkable for the extreme opisthotonic exacerbations. In each paroxysm, the boy's heels would strike his head. I had not the ghost of a hope for him, but for some reason—perhaps because he was so worthless—he did get well. My treatment, in this case, was the same as the others.

In tetanus caused by a pathogenic microbe? If it is, I conclude that turpentine is the most powerful germicide we have. But tetanus has resulted from simple dislocations. How about the microbe in these cases?

C.

IN several issues of the GLEANER we have spoken of chloroform water as an excipient for summer dispensing. We first said that the mixture of chloroform and water should be made by violent and continuous shaking of the bottle. Subsequently we advised that the chloroform be first added to alcohol in the proportion of one part to four or five. Then this compound mixes readily with water in all proportions. We are in the habit of using from three to five drachms of chloroform to a five-pint dispensing bottle of water. The great desideratum is that the chloroform and water be thoroughly mixed. If this is not done the chloroform separates from the water.

Dr. B. F. Beane, of New Paris, O., who has been using it with much satisfaction, writes us that as a "stock" mixture he adds one part of chloroform to three of water. Of this he adds two ounces to a five-pint bottle of water. He also carries this "stock" mixture in his buggy case, adding from 15 to 30 drops of it to his four-ounce (half glass) dispensings in the home, as a sweetener, or as a preservative. He likes it very much. To those who have not used chloroform water in hot weather work, we commend; to those who have used it, it needs no commendation.

Dr. H. H. Blankmeyer, of Honey Grove, Texas, writes us that the chloroform water is a great favorite with him, and that the overcoming of the agitation method of mixture perfected the remedy and its preparation. He adds 3 jv of chloroform to 3 xij of alcohol for his "stock"

mixture. Of this he adds 3 iij to one quart of water and his dispensing bottle for "filling" purposes is ready in a minute. Try it, everybody. It is a good thing.

B.

THE hypodermic syringe may be needed these hot days in two classes of cases of *adults*. It is never needed in small children, it *kills* them. The one case is the fellow who is doubled up like a jack-knife with cramps and pains. He is suffering extremely the consequence of overwork, overeat, fermentation in the stomach, exhaustion. He has vomited until the stomach is completely emptied. If he has not done this, an emetic is safer and better than the hypodermic. Sometimes we find them in such extreme distress and pain that remedies put into the stomach in any form remains unabsorbed. Then a reasonable hypodermic quiets the pain, and nature settles down to work, absorption is resumed, and the indicated remedy is the proper medicament.

The other case is not in pain; but, nature is upset, is rebellious. There has been a *bad* stomach; emesis followed, and instead of stopping it continues. Nature has lost control of the emesis brake, as it does sometimes in diarrhea. The act is at first physiological, the very best thing for the patient. But, after the stomach or bowel is completely emptied, nature is so exhausted or wrought up that she can not rebound. It is in this stomach case that the hypodermic with a small dose of morphia is the right remedy. Give this patient a spoonful of water and it causes emesis; a move from the back to the side, or the raising of the head from the pillow causes vomiting. Nothing will take the place of the hypodermic. Use it.

Do not infer from this that we direct you to use the hypodermic in every case of hot weather trouble you meet. We have tried to describe them distinctly. In the diarrhea case there are better and safer remedies than the hypodermic of morphia. In either of the two cases described the wise doctor will keep friends and assistants busy with local applications. The cramp-ridden patient should be warmed up thoroughly. Hot bottles, irons, jugs, bricks, corn, etc., relax, ease pain, restore equilibrium. In the vomiting patient you will usually find cold hands and feet and limbs. Warm them up. Counter irritation of some kind, a mustard leaf over the abdomen proves beneficial.

Let the friends see something being done; better, let them do something. They will think and sympathize less, and they and the patient are better for this. Then again, the pain-ridden patient bears suffering better, though the pain be no less, when he sees that prodigious efforts are being made toward his relief. That "the devil finds work for idle hands and minds to do," is more true in the sick room than elsewhere. Keep everybody out, or keep everybody busy, if you would hold your place undisturbed. Use judgment always; use the hypodermic advisedly only.

B.

RECENTLY a vacancy occurred in the Ohio State Board of Medical Examination and Registration by the resignation of the physic-medical member from Toledo. Governor Herrick appointed Dr. John K Scudder in his stead. This gives the eclectics two members, Dr. S. M. Sherman, of Columbus, being the other. The homeopaths have two, one of them is the president, Dr. Beebe, of Sydney. Time was when no State Board could have been made up of four irregulars and three regulars, as is the Ohio Board now. But as Dr. Cooper has often said, "things is a workin'," and so they are. Confidence is growing, and particularly among the regulars, not confidence in medicine so much as confidence in irregulars. They are trusted now; they are patted on the back, and jollied and jingled, and *juggled*. Why, some of them are even *juggled* into regulars and irregularism. How it can be done we don't pretend to know or see. It is a trick equalling those of the Hindoo fakirs. Can a leopard change his spots? Yes, if you skin him, or dye him! But, we are off the subject. We have confidence in Dr. Scudder's knowledge of State Board and Medical Examination requirements. He is competent to advise. The Governor acted wisely in appointing a competent man rather than a political protege of some kind. We trust that Dr. Scudder's influence, while upon the Board, may overcome some of the present-day tendencies to ride the medical student to death, to crush medical colleges, to place the Boards in a position to foster and save failing foibles. We do not ask that he succor and save eclectics and eclecticism. They have gotten beyond the "sucker" stage. We ask that he help *broaden* medicine, help *foster* a *faith* in medicine, help relieve medicine of its high-up quackery.

B.

DR. COOPER gives us his experience and some good suggestions in the treatment of tetanus in this issue. We commend them to the thoughtful consideration of GLEANER readers. We are obliged to acknowledge that Dr. Cooper has been more successful in the treatment of his tetanic cases than we have been in the treatment of our cases. We have had, since coming to Cincinnati, two well developed cases of tetanus. The first was several years ago, and resulted from a slight injury to the nose, caused by the breaking of a stair step, when a strong, healthy German was taking a barrel to the cellar. We were called to give him surgical care at once, which we did, and recovery followed quickly as we thought. We dismissed the case in some four or five days. But, a day or two subsequent, a ring at our door bell at 3 A. M. brought us face to face with our patient. He presented unmistakable symptoms of tetanus. He was hustled to bed, and an active relaxing medication began at once. In spite of it, he grew worse. Professors Howe, Jeancou and Locke and several other competent physicians saw him in consul-

tation. Medication had no perceptible effect, and he died from the exhaustion incident to the severe convulsions, etc.

The second case was seen last year. We were called in consultation. Tetanus was well developed when we first saw this patient. His distress was consequent to an injury to the hand by the common Fourth-of-July blank cartridge or cap. Antiseptics, relaxants, chloroform, everything we knew were tried, but he died, making 100 per cent.

We did not feel so badly over our success, because every case (and there were many of them) treated in the Cincinnati Hospital, with every advantage of knowledge and environment known to the profession at hand, *died*. In this institution serum therapy was used. Trehphining was done that the serum might be placed close to the center in the medulla. But, all to no purpose. The first case in the same institution, treated the same way, resulted fatally in the average time.

Again, the experiences of this locality were not alone encouraging (discouraging) to us. Statistics tell us that there were last year 413 cases of tetanus following our natal day celebration, and of the whole number there were but six or seven recoveries. We doubted whether these six or seven were really tetanus. Altogether our results were not so much worse than those of others in the same business.

But, Dr. Cooper chagrins us. We must wake up. The remedies he names have our implicit confidence, but, we never carried them to the extreme use made of them by the doctor. We all know that saline solution is the proper thing for any traumatism; we all know that turpentine is to a degree a microbicide. (One of the most prominent surgeons of this country, Prof. Byron Robinson, depends upon it to the exclusion of almost anything else for the cleansing of the hands and the skin.) We know that macrovitis is one of the best nervines known to medicine to-day. We know that gelsemium is in the same class; that it relaxes extremely and safely. We doubt the microbic origin of tetanus, and we believe the turpentine has other than microbicide effects. Let us all restudy tetanus.

B.

THE weather in this locality this far has been rather unpropitious for babies. The fact is that more have been ill from the cool weather, cool nights than from hot weather. The first lesson every mother should be taught is how to feed her baby; the second, how to dress the baby; the third, how and when to wash and bathe the baby. Just a word about dressing it. Small babies (all babies) are very susceptible to heat and cold. Few mothers realize this. If they did, they would change the clothing, and the ventilation of their sleeping and living rooms accordingly. In very hot weather, it is hardly possible to give them too much air, yet draughts are chilling and destructive. The clothing

should vary with the warmth of the atmosphere. In this locality, wisdom may suggest a change of clothing three or four times in twenty four hours. Custom and style may suggest the packing away of flannels, because July and August have come. It should *not* be done. While riding upon the street cars, wishing we had an overcoat, we have seen children (and women) with one-third or one-half of their anatomy exposed, or protected by only the thinnest material that it is possible to buy. Because it is the "summer season," summer goods must be worn! Early mornings, cool days, in cool rooms and winds, keep flannels on the little child, and reasonably heavy raiment on the yearling or two-year old; cover its legs and arms and body. When it is *hot*, the thinnest or no raiment, but a light, loose slip. When evening shades appear, redress it more substantially. Do not let convention and style dictate. Let reason, common sense, comfort rule. The mother with her foolish (in many respects) dress might take a hint or two from the above. Too many women think of themselves and their children that they might as well be out of the world as out of style, and too many of them go out of both, because of style.

B.

Give specific ipecac to that hot weather case that shows *irritation* of the mucous membranes with increased circulation of blood. It may be a stomach or bowel trouble. Usually the tongue contracted in width, that is long, pointed, tip and edges red. Use a very small dose, five to ten drops to four ounces water; teaspoonful every hour or two.

Give specific belladonna in the hot weather case that shows *congestion* of the cerebro-spinal. The eyes are dull, pupils dilated; there is stupor or coma or drowsiness; the skin is cool, congested, the full capillaries show through. Use it when there is congestion of any part, but especially in these diseases when there is congestion of the brain and spinal cord, and tendency to spasm. Give small dose, not more than five or ten drops to four ounces, with a teaspoonful every two hours.

Give specific gelsemium in hot weather diseases when there is *irritation* of the cerebro-spinal. The eyes are bright, the face is flushed, the skin is hot, the pupils are contracted; there is high fever. The patient is restless, uneasy. It will *relax* the nervous system, overcome tendency to spasms, and lessen the chances of cerebral or meningeal inflammation. The dose is from ten to thirty drops to four ounces; a teaspoonful every hour or two.

Give specific *rhus tox.* in those hot-weather cases in which the sympathetic is disturbed. The pulse sharp; the left cheek is flushed, or in spots; the tip of the tongue shows enlarged papillæ (strawberry), the

surface is bright red; pain, if any, is sharp, burning. The babe cries out harshly in its sleep; frowns, draws its eyebrows down, showing frontal pain. There is no better remedy than *rhus tox.* Its action is always the same in properly selected cases. The dose is five drops to four ounces; of the mixture a teaspoonful every hour or two.

Give specific podophyllin (that is triturated podophyllin, 1 to 100) in hot weather cases when digestion and assimilation are below par. It stimulates both. It will check a diarrhea or dysentery when due to enfeebled digestion, etc. It stimulates the liver. Give it when the tissues are full, especially about the face; the tongue is broad, pale, more or less coated white or yellow; there is dizziness; the pulse is full, oppressed; the discharges from the bowels are profuse, mucous, watery. The dose is from one to five grains.

Give as sleep producing remedies in hot-weather diseases, not opiates, but specific *chamomilla*, *hyoscyamus*, *nepeta cataria*, *cypripedium*, *melilotus*, *passiflora*, *humulus*, etc., etc.

From these suggestions one might infer that hot-weather diseases demanded a rearrangement of remedies, or something of the kind. It is not so, however. The above remedies will do the work just as well, just as pleasantly in cold-weather diseases, like pneumonia, or in any other classes of diseases. To try them is to always use them. B.

THE Fortieth Ohio State Meeting has come and gone, and to those present it was, as it always has been, a most pleasant convocation. Old friends were there; new ones were made. The Islands were as beautiful, the verdure as green, the air as health giving, and the temperature as agreeable, as ever, together these give a new impetus to life, the heart is lighter as cares are forgotten, at Put-in Bay, as at no other place. There the Victory is an ideal convention hotel. There is not a thing lacking. Mr. McCreary is an ideal manager in every respect. Nothing is too great for him to do to add to the pleasure of his guests. The table could not be better, nor rooms cleaner, nor the beds softer. We are sorry that the convention does not return next year.

The attendance was not so large as it might have been. But the National and the St. Louis Exposition have cut short the attendance at all conventions, medical and otherwise. Our program was excellent. The papers read were well prepared and intelligently discussed, and the discussions were taken by a stenographer, so that the Transactions will reflect the full action of the sessions. President Postle was a good one. He kept the work moving; his rulings were right and made pleasantly. The Secretary, Dr. Harbert, was as always the right man in the right

place, at the right time. His work was well done and with alacrity. He made a report to the Society, which was a new feature, and the committee appointed thereupon, concurred in a number of his good suggestions, which were recommended to the Society and adopted by it.

The ladies in attendance were as serene and happy and as comfortable as they possibly could be. The usual afternoon boat ride was made upon the Grandin, and everybody enjoyed that. The annual dinner on Thursday night was as of old, pleasant to the toastmaster, who enjoys seeing fellows wriggle and skedaddle; to others the speechmaking was "dreamy." Let us suggest that hereafter two or three good talkers be advised in advance, that they may be prepared for the occasion, and the results will compare with occasions of like kind. Also, that while in Cincinnati post-prandial speakers may be both born and made, the crop is only budding, is not yet ripe. Too much Cincinnati is as bad as too little in any line.

The next place of meeting is Columbus, to be early in May. The Executive Committee will hold an early meeting to begin arrangements.

The officers for next year are: President, Dr. C. G. Smith, Cincinnati; Vice-presidents, Dr. Ira Dell Rogers, Delaware, and Dr. Schneerer, Norwalk; Rec. Sec'y, Dr. J. P. Harbert, Bellefontaine; Cor. Sec'y, Dr. J. J. Sutter, Bluffton; Treas., Dr. R. C. Wintermute, Cincinnati.

Some 18 or 20 new members were added to the roster. Dr. F. P. Beaumont, of New Cumberland, W. Va., was an interested attendant. Altogether, Dr. Postle and his assistants have, as they deserve to have, the thanks and congratulations of the eclectics of Ohio for their untiring efforts to make the meeting a success.

B.

THE SCOPE OF THE PHARMACOPEIA.

By PROF. JOHN URI LLOYD, Ph. D., Cincinnati, Ohio.

"It is a defect of all pharmacopeias published by authority that they never reflect adequately the medical and pharmaceutical practice of the periods which they are supposed to represent."—*The Pharmaceutical Journal, May 21, 1904.*

The foregoing extract from the *British Pharmaceutical Journal*, London, is pertinent, and it carries much food for thought that, were it properly considered by many critics, would save the pharmacopeial committees a considerable amount of ill-advised criticism. The fact is that the pharmacopeia is a follower, and not an advance agent. It is to be expected, for example, that the Pharmacopeia of the United States will establish the qualities of the crude drugs that are in general use at the time the Pharmacopeia is issued, but not that it will introduce to

members of the medical and pharmaceutical professions crude drugs that *promise* to become useful, or that they have medical properties of value. The Pharmacopeia of the United States should give simple and reliable tests to determine the purity of the materials mentioned in the Pharmacopeia, but it is not to be expected that the Pharmacopeia will go out of its way to determine the purity of the infinite number of chemical products that stand on record in the annals of chemistry as having an existence. Indeed, it is not within the province of the Pharmacopeia to cumber its pages with the details of classes of pharmaceutical preparations that are either controlled by proprietary rights, or are secret in composition, or that have become established in medical practice under trade-mark names, regardless as to whether or not these preparations are of utility in medicine.

Let us take some examples bearing upon this subject in a general way. Forty years ago, the Pharmacopeia of the United States introduced the chemical, oxylate of iron, a compound so little used in medicine even then as to make of it almost a chemical curiosity. This was seemingly an error, and I still believe it to have been an error, although it was said at the time that in the neighborhood of Washington, oxylate of iron was prescribed somewhat by physicians. That it was an error to thrust into prominence a local substance, and one that was futile in its results, is shown by the fact that oxylate of iron has never been of any general importance, and the cumbering of the pages of the Pharmacopeia with that substance accomplished nothing more than unnecessarily utilizing that amount of space!

Take another, and a more conspicuous example;—that in which the Pharmacopeia attempted to imitate a class of partly popular pharmaceutical preparations. I refer now to the powdered solid extracts that, about twenty five years ago, came into advertising prominence with certain pharmaceutical manufacturers. Had the Pharmacopeia given formulas and methods for making and testing powdered solid extracts, it would unquestionably then have served the interests of many pharmacists. But instead of doing this, the Pharmacopeial committee attempted to devise a line of imitations, or rather, of substitution products, in which the trituration methods of those employed in making milk sugar triturations, and the methods of the makers of powdered solid extracts were combined, the product being introduced into the Pharmacopeia under the name "abstracts," a name new to the professions both of pharmacy and medicine. As a result, these preparations were dead letters in the trade and in the profession. Never did they attain any conspicuity whatever, regardless of their qualities.

Perhaps in no more conspicuous way can it be shown that the Pharmacopeia is not an introducer of remedies than by referring to the

fate of this class of "abstracts," which past from sight and existence when the succeeding Pharmacopeial committee threw that line out of the book.

Let us refer once more to the text that heads this article, and let us take exception to that word *defect*. In my opinion, it should be replaced by a better word, for in my opinion it is not a *defect* of a pharmacopeia to do what pharmacopeias are expected to do, for they are not expected to "reflect" the extremes or fadisms in medical or pharmaceutical practice of the date they appear, but to give under the authority of a body of qualified and accomplished gentlemen a balanced work concerning the *facts* of pharmacy concerning general medicinal compounds, chemical, crude and pharmaceutical. Concerning tests and reactions, adulterations, sophistications of the principal substances that these qualified gentlemen broadly believe to be of general utility in the country at large.

ABOUT GALL-STONES.*

By FREDERICK HENRY WILLIAMS, M. D., Bristol, Conn.

We all meet cases of biliary calculi that are not so far gone as to be no longer amenable to medicine, and that we are not obliged to turn over to the operative surgeon, who pockets the fees. Many years ago, I had a case of vesical stone in a woman in New Britain. She told me that she often came near voiding the stone with urine, but that it always stuck in the urethra, and finally slipped back to bladder. My advice was to eat freely of raw onions, and I gave her some powder of lobelia inflata, telling her that, when it engaged itself again in the urethra, to make a strong tea of the herb, and use enemata in both rectum and vagina. In a few days, she asked me to come over when in town, and showed me a stone bigger than a plum stone, that she had passed at the second attempt.

Some years later, I had a case of an old lady with emphatic symptoms of stone in the left kidney. I attacked that with lithia, and a tea of collinsonia, and mentha viridis, till it showed signs of moving, and began to follow down the ureter, when I used the inspissated juice of lobelia in small doses, with a poultice of the seed on the outside. In about thirty hours it dropped into the bladder, and three days later, passed into a vessel. This stone was as large as a date-seed, and much the same shape, smooth all over, except one end, where it had attached to something, and looked like a stalactite of lime.

Now, lately, I have had some four hard cases of biliary calculi. In these cases the stones would not come away, and there were frequent

* Read at the Tenth Annual Meeting of the New England Eclectic Medical Association, Boston Mass., June 3, 1904.

attacks of violent pain with no benefit and resulting jaundice and progressive debility. All of these cases had been under other doctors, and all filled with morphine hypodermics. In these cases I used soda phos. with olive oil to begin to loosen the grip of the stone. But it seemed to me that if I could find something to relax the spasm that also would energize the nerves and muscles that I could force an expulsion. This I sought in the saturated tincture of lobelia seeds, half and half tr. opii deod. When the spasm came on gave that, gts. 5 to 7, every 10 minutes till ease came. The first case had been sick two years. I succeeded in getting a stone as big as a peach-meat, and the white cover of the stone was cracked in all directions as though one had stepped on a sugared almond. That was two years ago and the man remains well. The second case I recovered twenty-five stones nearly the size of dried peas. These stones were as white and smooth as pearls. Following the treatment with chionanthus and euonymus the patient remains well. The third case was a man over 74, whose case looked suspicious of cancer. But he passed some secretions, brown in color and less hard, and with a treatment of chionanthus and small doses of the 3rd trituration of iodide arsenic he made a good recovery.

My idea is that the lobelia is held in the stomach by the opium. The opium has a narcotic action on the pain, but the action of the lobelia is so rapid that the opium is concentrated on the immediate location of the trouble. Thus the small dose is effective and becomes a useful adjuvant to the lobelia. The use of the inspissated juice of the lobelia is quite old, and before the knowledge of present pharmacy to give us the specific tinctures, no doubt represented the very best form of the plant. The use of the inspissated was introduced by a Massachusetts man, a Dr. Jacobs, of Springfield, way back in the forties. The late Dr. I. J. Sperry, with whom I spent four years, held it in great store. The old Doctor never used but two poisons, as he understood the term, in his life. One was red precipitate oint, for the itch, which was very prevalent after the Civil War; and the other was morphia, which he always mixed with the lobelia ext., claiming that the lobelia removed the poison from the morphia.

In using lobelia and opium to relax the orifices of these ducts I never wish an emetic effect, fearing a hemorrhage. And, therefore, advise the small frequent dose, that spends its effect where it is wanted. I think lobelia is a neglected drug that might well replace many chemical relaxants to the well being of the future of many patients.

After relieving one of gall-stones the effects of chionanthus to reinvigorate the gall-bladder should not be overlooked, it seems to act on the mucous membranes and to effect secretion in the liver itself. As many of these cases have endured long pressure and friction that doubt-

less thickens the walls of the bladder the use of small doses of iodide arsenic would always seem rational as an after treatment.

Fraxinus Americanus for Uterine Hypertrophy.

By J. S. NEIDERKORN, M. D., Versailles, Ohio.

Some six or seven years ago I saw in one of our journals an article written I think by Dr. Bloyer on *fraxinus americanus*. (Am not certain about time and place and name of writer, because three years ago fire destroyed all of my records and journals.) The writer of that article recommended *fraxinus* as a remedy to reduce the size of a hypertrophied uterus. Every gynecologist knows from experience how much distress a big, engorged, sub involuted uterus can effect; and he knows also that this class of cases does not usually, readily respond to treatment, much to the disgust of the patient and chagrin of the physician. The few remedies at our command which have a direct effect upon the uterus in instances of the kind mentioned, given internally, do not always give us desired results; and too often the patient objects to the employment of such surgical methods as are usually adopted to induce involution—the gynecologist knows that surgical means can credit themselves with failures in these cases. It is not an easy matter to relieve the attendant symptoms of hypertrophy of the uterus, and to successfully handle a big, heavy, congested, sub-involved and usually prolapsed womb necessitates a carefully selected course of treatment, of necessity extending over quite a period of time; at least that has been my experience, and after reading the article above mentioned it occurred to me that *fraxinus* would be a valuable remedy, provided of course it possessed the properties attributed to it. Literature at hand briefly refers to its effect in plethoric conditions of the uterus; that it is a tonic, astringent and a stimulant to the vaso-motor system and to the absorbents. I could not feel convinced that *fraxinus* was a universal remedy for every case of enlarged or sub-involved uterus, and my experience with the remedy convinced me of the correctness of my doubts. I have to record failures against the agent (as is the fate of any other remedy empirically used), but I have also to add that excellent results have been attained from its employment. So far as my observations with the remedy go I conclude that best results will be obtained from the agent in cases of enlarged uterus where there is much leucorrheal discharge and profuse and frequent (too frequent) menstruation. The concomitant symptoms, such as pelvic distress, dragging in groins, feeling of weight and "falling out" sensation, are attributed to the enlarged and engorged womb, and the anemic condition to the excessive menstrual flux, all of which are

overcome and removed as soon as the offending organ has been restored to its normal condition. It has been my custom to exhibit the specific medicine *fraxinus* in doses varying from five to ten drops in plenty of water every four hours, in alternation with specific medicine *helonias* in ten drop doses in water every four hours; and I would advise here that the *fraxinus* be first given in small doses, and the dose gradually increased to the point of stomach toleration, or to not more than ten drops. Local measures are not to be neglected, and should be selected and employed for a definite purpose. *Fraxinus* will not cure all cases—it is essential that the cases be well selected and that a reliable, strong preparation of the remedy is employed. Weak and cheap stuff are detestable—nothing but absolute failure will follow their administration.

INFANT FEEDING.

By W. N. MUNDY, M. D., Forest, Ohio.

With the advent of summer comes the perplexing problem of the proper feeding of infants, a subject upon which much has been written, and which is yet far from being satisfactorily settled. We do not purpose offering anything new; but we desire simply to call the attention of the readers to the subject, with the view of stimulating anew its study.

It has been a number of years since Meigs called attention to the necessity of a modification of cow's milk, and the reasons for such modification. The object was to bring it as nearly as possible to mother's milk. Though we have succeeded in producing a mixture, which by chemical analysis, fulfills the demand, and which serves a good purpose, being a step in the right direction, yet we find many infants unable to digest the modified milk. This does not seem at all unreasonable, nor a cause for discouragement, when we stop to consider the wide differences in the digestive powers of individuals, and how difficult it is to so modify the food of one species of animals to suit all the demands of growth in another.

Chapin, in "Infant Feeding," remarks: "In feeding an infant not only must waste be repaired, but material to build up new tissue must be supplied, or the infant can not grow normally." Hence, it is not sufficient that the food when analyzed, present the same ingredients, in the same proportion as mother's milk, but that they be so mixed as to construct new cells, and thus build up the organism. This presents a problem that analysts have thus far been unable to satisfactorily solve. The chemists say, that charcoal and the diamond are alike chemically; yet how different. So too, the analytical chemists presents us with a food having all the ingredients of a mother's milk, and with the con-

stituents in the proper proportions, yet how different it is in appearances; and, the child absolutely refuses it, or the stomach rebels, and under no circumstances will it digest it.

The perplexities of the subject have led to the manufacture of innumerable mixtures and methods, and to a multiplicity of proprietary infant foods, many of which upon analysis approach closely to the mother's milk, and each of which we are assured contains all the elements of digestion and the necessary constituents with which to build up the body. These, however, have but little to commend them to the practitioner, save only their convenience; in fact several of them contain substances foreign to the digestive power or needs of the infant in the earlier months of its existence. We have had but little success with them and we find their continued use very expensive. Only exceptionally indeed have we seen infants grow strong and healthy from their continued use. Our personal experience corresponds so closely with Chapin that we can not refrain from quoting again from his most excellent work. He says "from a nutritional standpoint these foods, by themselves, are almost without exception, inferior to the best grades of condensed milk. When used with cow's milk, however, many of them are effective diluents, especially those containing baked flour. In cases of indigestion they sometimes prove helpful; but as a steady diet for an infant they should not be used unless along with a liberal amount of fresh milk."

Frequently have we seen physicians advise a change from one food to another without much thought, simply because the first used did not seem to agree with the child. No thought was given as to what might be the cause, nor was any effort made to ascertain it, but simply a change was made, possibly from a milk to a cereal or vice versa. The basis of the food, or what it might be, never once entered into the consideration of the matter.

The best substitute for the mother's milk is unquestionably a properly modified cow's milk. This should be selected, if possible, from a herd, instead, as was formerly taught, from the single cow. The study that has been given to this subject has certainly emphasized the fact that cleanliness is first essential to success. Cleanliness not only of the milk, but of all utensils, both for the reception of the milk and for feeding. This fact can not be too strongly impressed upon the mind of the laity. Every physician can with but little effort recall cases in which a disregard of this precaution was certainly the cause of an enteritis.

The milk should be cooled and bottled as soon as received, and kept cool until prepared for use. The diluents to be used are lime water and sugar. Physicians as a rule use the percentage method in preparing

the milk for immediate use. This may be arrived at by either using a mixture of a certain per cent. cream and milk, or by using what is termed top milk. Bottles and graduates are now prepared, ready graduated, which make the method very simple and avoid any hazardous guesses. Both methods depend upon the amount, or per cent., of fat contained in the cream; this is modified by the amount of top milk removed from the jar. Of course the larger the amount of milk and cream removed, the less will be the per cent. of fat.

After we have ascertained the dilution which agrees best with the child's digestion, we can then easily vary the proportion, or percentage of fat, by taking a greater or lesser quantity of cream or top milk from the bottle for dilution. For a diluent, many use a thin gruel, rice or barley water, and if the bowels be constipated, an oat meal gruel. Others prefer simply water and lime water. To this mixture, sugar is added, unless a sugar water of a specified strength be used as a diluent. Modifying the strength, or the amount of the various ingredients, is often sufficient for the cure of an acute dyspeptic diarrhea, acute gastritis, a malnutrition, or a constipation. We have frequently checked an obstinate summer diarrhea by a modification of the food.

We have said nothing about sterilization or pasteurization. We do not sterilize, as it modifies materially the taste of the milk. We pasteurize in hot weather. Some heat the milk only as it is prepared for use, keeping it in ice chests; others as soon as it is received. Personally we prefer this latter method, especially in the summer months.

The entire subject is of great interest and is worthy of much study. It will richly repay for any amount of study bestowed upon it. It interests the human race. Strong healthy children make healthy men.

MENINGITIS.*

By F. X. ADAMS, M. D., Akron, O.

By meningitis we are given to understand an inflammation of some of the serous membranes exists. But when cerebral meningitis is mentioned, then we understand an inflammation of the meninges of the brain is in a state of inflammation. But when spinal meningitis is referred to, then we are to understand the membranes, or meninges of the spinal cord are the parts involved in the inflammatory action. But, we may have an inflammation of both the meninges of the brain and spinal cord at the same time, then the lesion is designated cerebro-spinal meningitis. I will try to give you a description of cerebral meningitis as I have seen it in my practice. This form is no respecter of age or sex. It is most frequently met with in infancy and childhood. The

*Presented to the North-Eastern Ohio Eclectic Association, at Cleveland, June 9.

symptoms are about as follows: Temperature increased and varying; pupils usually dilated; face dusky, flushed. But sometimes the pupil is contracted. In either case the patient is restless, nervous, and starts suddenly, and cries out as though frightened. There are crampy pains in the bowels, with nausea and sometimes vomiting. Tympanites with tenderness of the bowels always exists. The conjunctival vessels are prominent, at first; later there is conjunctivitis and partial or complete delirium and spasms. In spinal meningitis, we have increase of temperature; dilatation, or contraction of pupils; twinges of pain over the whole body; crampy pains in the bowels; soreness of muscles all over the body; tenderness of spinal column, most marked in the cervical, upper and middle dorsal region; abdomen tympanitic, and muscular twitchings; usually constipation, difficult urination and tenesmus. Occasionally the patient can not start the urine readily, and when voided it is very high colored. Spasms are not so liable to occur in this form. In cerebro-spinal meningitis we have a combination of the symptoms of both the other forms. Spasms are almost sure to occur in this form and spinal curvature is of frequent occurrence, also paralysis of some part. As the disease progresses typhoid symptoms make their appearance. There is looseness of the bowels, stupor, and finally deep coma; then the urine and feces are discharged involuntarily, and spasmodic action of the extremities in some cases is continuous. I have witnessed this constant spasmodic action of the extremities for one week prior to death.

The treatment used by me has been specific, and specific tinctures are the remedies used. For the fever with small frequent pulse, aconite in gtt. x to aqua f 3 iii to iv; teaspoonful every one or two hours. When pulse is large, full, veratrum gtt. x to xv to aqua 3 iii to iv; teaspoonful every two hours. When the pulse is neither small nor full, I combine the two remedies. This is a good diaphoretic. When the pupils are dilated, the patient sleeping with eyes partially closed, belladonna is associated with the sedative in gtt. v to x, aqua 3 iv. Also with the dusky flushed face the blood returning slowly after pressure, showing capillary stasis, belladonna as above is the remedy. When the pupils are contracted, the face bright and flushed, gelsemium in gtt. x to xv to aqua 3 iv, or associated with the sedative mixture is the remedy. When there is starting in the sleep, twitching of the muscles, or crying out as if frightened, rhus tox. gtt. v to x is the remedy. When the patient is restless, cries easily and is nervous, not satisfied with anything, pulsatilla is the remedy. It may be added to the sedative mixture in gtt. v to x to 3 iii or iv of water. Give bryonia when the patient coughs, and the coughing appears to cause pain in the chest. It can be added to the sedative mixture gtt. v to x. Macrotys is indicated by muscular soreness; give gtt. x to f 3 ss. It can be added to the sedative, or combined with any of the other remedies.

Frequent spongings with very warm water is beneficial and usually agreeable to the patient. *Apocynum cannabinum* is indicated when there is a puffy condition of the eyelids and puffiness under the eyes; give gtt. v to x to water fʒ ii. *Hyoscyamus* is indicated by delirium; give gtt. x to xxx to water fʒ iv. *Stramonium* will often quiet the patient when the *hyoscyamus* fails, but the dose must be smaller; gtt. iii to x to water ʒiv. When there is a yellow coating on the tongue with colicky pains, give *nux*, gtt. iii to x; or when the coating on the tongue is slimy, give potassium sulph., 3x gr. ii; or when the coating on the tongue is creamy, give sodium phosphate, 3x grs. ii to iii. For bloating of the abdomen with tenderness on pressure, *dioscorea villosa*, gtt. x to xxx, water fʒ iii to iv. Crampy pains in the abdomen without bloating, are relieved by *colocynth*, gtt. ii to iii to water fʒ iii or iv. For spasmodic twitching of muscles, mag. phosphate, 3x grs. iii to v, repeated every half hour until relieved. For spasms at the first appearance, give mag. phosphate, 3x grs. iii to v and repeat often, it is one of the best remedies.

I do not think cathartics or laxatives are often indicated in this disease, but I have had to resort to them once or twice, and I have always used castor oil, adding a few drops of aloes. I condemn opium, laudanum, morphia, codeine, Dover's powder, and all synthetic or coal-tar products and their combinations, also strychnia and epsom salts, they are positively injurious in this disease. Occasionally podophyllin acts kindly. I think through its action on the liver, its indications are a broad atonic tongue with yellow coating. I usually add grs. iii to grs. v of the 2x trituration to some of the other remedies. *Phytolacca* sometimes plays a prominent part in the treatment, I always use it if any of the glands are enlarged, adding from gtt. x, fʒss to any of the remedies named. Sometimes early in the disease we have use for the antiseptics. *Baptisia* is usually indicated by purplish color of face; purplish color of tongue, or odor of breath like decaying flesh. Dose, gtt. x to fʒss to water fʒiv. Use muriatic acid, with red tongue and brown coating. Add enough to water to make a pleasant drink and give it frequently. Sulphurous acid tongue is broad and red, with a slimy, glutinous coating. Use f ss to fʒi, to water fʒiv or v. Give it frequently. This should be kept in a bottle tightly corked as it evaporates and loses its medicinal properties. Soda sulphite is occasionally needed for its antiseptic properties and is indicated by a broad, pallid tongue with glutinous coating. *Kali phos* 3x grs. iii to v, is a good antiseptic and is indicated by fetid breath, broad tongue, slightly red, with glutinous coating.

The remedies mentioned are the only ones I have ever had to use. I combined them to meet the indications as they presented.

Gentlemen, I thank you for the attention given me.

Twenty-Five Simple Methods of Relieving Pain Without the Use of Drugs.

By J. H. KELLOGG, M. D., Battle Creek, Mich.

Probably the majority of people know of no other method of relieving pain than resort to some such "pain-killer" as laudanum, paregoric, or other opiate or anodyne. The fact is, opiates and anodynes are not really required for the relief of pain. In the majority of cases the pain can be entirely cured by the use of simple means which are readily at hand. Not infrequently persons who have been injured or who are suffering severe pain from inflammation or from some other cause, are left to endure torture for hours, while somebody is despatched miles for a physician, when a knowledge of the simple methods presented in this article would make it possible to afford complete relief in a few minutes.

The limits of this article render possible only a very brief description of the methods referred to, all of which are described at a greater length in an elaborate work on hydrotherapy from which our information is drawn.*

1. *The fomentation.*—This consists of an application of cloths wrung out of water as hot as can be borne. If hot water is not at hand, the cloth may be wrung out of cold water and laid upon the stove with a newspaper intervening, or wrapped around a stovepipe.

In an emergency the author prepared a very effective fomentation by putting a large tin dipper over a kerosene lamp and laying a wet cloth over the bottom of the dipper, where it was at once heated. By this means almost instant relief was given a woman suffering from a pain in the head which made her nearly delirious, as the result of an injury received from running against something in the dark.

Fomentations relieve pain not only by drawing the blood to the surface, but by relieving the sensibility of the nerves. Heat often kills pain even more effectively than does opium.

2. *Hot Sponging.*—This method is sometimes effective when the fomentation does not succeed. The sponge is dipped in very hot water, compressed to express the water, and gently rubbed over the surface of the painful part. A higher temperature can be employed by this method than by any other. The higher the temperature the greater the effect. For the greatest efficiency the temperature should be high enough to produce a sensation almost painful. It is especially good in cases of neuralgia, particularly of the spine.

* "Rational Hydrotherapy," by J. H. Kellogg, M. D. F. A. Davis Company, Philadelphia.

3. *Hot Water Bag*.—A rubber bag is filled with hot water, and is an excellent means of relieving pain in deep-seated parts—pain of the back, chronic intestinal pain, various neuralgias, and other pains in which inflammation or congestion is not present. Hot bags should not be employed continuously on persons suffering from acute inflammation.

If a moist application is desired, a moist flannel may be wrapped around the water bag. Bricks, sand bags, etc., may be used in a similar way.

4. *Radiant Heat*.—This consists of the application of a lighted electric lamp surrounded by a suitable shade or reflector to the part affected. It is a most excellent heat to relieve pain. The heat is more penetrating than that from any other source except the arc light and sunlight. It is a capital means of relieving pain of the spine, various joint pains, and all kinds of neuralgic pains.

5. *Flame Heat*.—Heat from an open flame. The heat rays which radiate from a blazing fireplace may be utilized for relieving painful spine, side pain, and other non-inflammatory pains involving any large portion of the body.

6. *Arc Light*.—A most effective means of relieving visceral and spinal pains. The heat must be concentrated by means of a reflector of proper shape.

7. *Sunlight*.—Sick animals nearly always lie down in the sun, unless suffering from inflammation. There is no better remedy for general neuralgic pains than a sun bath. With the sun bath the general electric light bath may be employed.

8. *Hot Air*.—A current of heat driven into the ear is a most effective means of relieving earache. A general hot-air bath removes rheumatic pains.

9. *Alternate Compress*.—The alternate application of hot and cold compresses is an effective means of relieving pain with internal congestion. The application is made over the painful part, and affords relief by diverting the blood to the surface.

10. *Alternate Sponging*.—The application and effect are the same as in the alternate compress. Very much hotter water can be employed however, and when the parts may be rubbed with ice in alternation with the hot application, most powerful revulsion may be induced.

11. *Cold Rubbing*.—This is an excellent means of relieving certain forms of pain. Neuralgic pains are usually aggravated by this means, but pains due to congestion are usually relieved. The parts must simply be rubbed with a cloth dipped in cold water. The temperature of the water should not be greater than 60°. It is often necessary to continue rubbing for a long time until the surface is thoroughly reddened.

12. *The Ice Bag or Ice Compress.*—Patients with inflammation or congestion are best relieved by the application of a small ice compress or an ice bag over the painful part. Generally it is well to apply heat to some distant part in connection with the ice application or to make a general hot application so as to prevent chilling.

13. *Heating Compress.*—Wring a cloth out of cold water and apply over the painful part. Cover with mackintosh and then with several thicknesses of flannel. The moist cloth will quickly become warm, and will retain the heat for a long time. It acts as a poultice, and is fully as effective as a poultice (besides being much cleaner) in deep-seated spinal pains, as found in pains due to indigestion, chronic catarrh of the bowels, and constipation. A heating compress applied to the abdomen will often relieve congestion of the head in headache, and so induce sleep.

14. *Fomentations Followed by the Heating Compress.*—This is a most effective means of relieving pain in chronic rheumatism. The heating compress should usually follow the fomentation, and is invaluable as a means of removing sciatic pain, lumbago, and most other deep-seated pains due to nerve trouble. It is excellent in neuritis.

15. *Cotton Poultice.*—This is similar to the heating compress. The parts are covered with cotton covered with mackintosh, then with flannel. The heat induces perspiration, which accumulates in the cotton and moistens it so that after a time the application really becomes a hot application. Its effects are the same as a poultice, but more cleanly and effective.

16. *The Clay Poultice.*—Potter's clay mixed with water to the consistency of very thick cream, and applied to the painful parts, often affords relief. This is a most excellent application, far better than bread and milk poultices or any similar preparation. Under the name of "antiphlogistin," a clay paste is sold in many drug stores. Our experience is that this preparation is no better than ordinary clay prepared as suggested.

In making the application the clay is spread over a cheesecloth or napkin and applied to the affected part. It must be warmed before using. Warming softens and facilitates the application, and at the same time the heat itself helps the effect.

17. *General Hot Bath.*—Severe internal pain is best relieved by a general hot bath, which, drawing the blood to the surface, often affords complete relief in severe pains due to gall-stones, gastritis, antritis, and other visceral affections in which pain is present.

18. *The Hot Blanket Pack.*—This is similar to the hot water bath, but is not so effective. It can sometimes be more conveniently em-

ployed. It is useful in relieving the pain of menstruation and the pain of appendicitis.

19. *The Foot Bath.*—The water should be as hot as can be borne. Use 105° to 120° . The temperature of the water can be gradually raised. The deeper the water the greater the effect. The leg bath is still more efficient than the foot bath, but not always so convenient as the hot foot bath, which may be taken in bed. If necessary, a fomentation may be applied to the feet, but the effect is not so good as that produced by the hot foot bath. It is an excellent means of relieving severe pain in the head, also ovarian and menstrual pains.

20. *Reulsive Sitz.*—With the feet in hot water, the patient sits in water at a temperature of 102° and the temperature is gradually raised to 110° , 115° , or even 118° —as hot as can be borne. The skin should be well rubbed. After four or five minutes, the patient rises, and cold water is dashed over him. If cold water induces pain, the temperature is gradually lowered. In this case the patient remains from five to ten minutes longer in the bath, the moist surface being rubbed. This prevents chilling after the bath, and increases the permanency of the effect produced.

21. *The Hot Hip and Leg Pack with the Ice Bag.*—This is especially for the relief of pain due to pelvic inflammation in women, or appendicitis in either men or women. The hips and legs are wrapped in a blanket wrung out of hot water, and after the patient begins to feel warm, the ice bag is slipped under the blanket and over the affected part. This is a most excellent means of combating appendicitis. By the renewal of this application for two or three hours, severe attacks of appendicitis may usually be avoided.

22. *Ice Bag and Fomentation.*—For toothache, lay an ice bag on the side of the neck under the jaw and fomentations to the side of the face. If necessary, employ the hot foot bath and the hot hip and leg pack.

23. *Hot Enema.*—The temperature of the water should be from 102° to 106° or 108° . A copious enema will relieve severe intestinal pain in a marvelous way—the pain of gall-stones, renal colic, appendicitis, inflammation of the bladder, and neuralgia, also.

24. *Rest.*—Absolute rest of the painful parts is usually necessary. Rest in bed is required for the relief of severe internal pain. In pleurisy pain, rest of the affected lung should be secured by fastening a tight bandage around the lower part of the chest.

25. *Position.*—Pain in the limbs accompanied by throbbing may generally be relieved by raising the limb one or two feet from the bed or couch upon which the patient is lying.

One or more of these methods should be tried in nearly all cases

in which pain is present to a distressing extent, and cases are very rare in which complete or substantial relief may not be secured. There is one great advantage in relieving pain by these simple means, in that there are no unpleasant after effects. When drugs are used, the cause of the pain is not removed, and when the effect of the drug is gone, the patient usually suffers more than before. This has the effect of rendering the patient worse rather than better. The simple measures above described relieve pain by removing the cause of it, and so are not followed by any unpleasant reaction.—*Modern Medicine, April, 1904.*

ANNOUNCEMENT—The eighteenth annual course of instruction in Official Surgery, by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College, cor. Wood and York Sts., Chicago, Ills., during the week beginning with Sept. 5, 1904, having a four hours' daily session. Doctors invited to bring obstinate cases of every variety of chronic disease. For particulars address, E. H. Pratt, M. D., 100 State St., Suite 1202, Chicago, Ills.

"THE DOCTOR'S DUTY TO THE STATE."—This is the title given his presidential address, delivered at the 29th annual meeting of the *American Academy of Medicine*, at Atlantic City, N. J., June 4, 1904, by Prof. John B. Roberts, A. M., M. D., the well known Philadelphia surgeon. The address is published in full in the *Bulletin* of the Academy, in Vol. VI, No. 12, for June, 1904. We wish we had the space in which to reproduce the address in full. It is in many respects the strongest arraignment of the medical profession as we have seen or heard for many a long day. It holds the rank and file guilty of following leaders, influenced by politicians, business tricksters, etc., etc. He starts out with this declaration of principles, which to us is most manful. "To those who may object to the criticisms of my profession, my city, or my state, I reply that I know of no better way to remedy evils than to recognize their existence. An honest and just investigation of suspected corruption and an honest and brave avowal of discovered wrong are the first steps towards an amelioration of evil." *He, who is afraid to see, and dare not mention the misdoings of himself and his colleagues, is his profession's worst son.* *He who cries out for concealment under the plea of loyalty, is no better than the scheming political leader, whose cowardice and insincerity call forth the reprobation of upright citizens.* It needs no argument to prove that cowardice begets lying, and that a liar is essentially a coward. *Reformation comes from honest introspection, which begets respect and honor from the outside world.* (The italics are ours.) This is as it were his platform. Then follows the arraignment of the profession relative

to its political actions and affiliations. We have always looked upon Dr. Robert's as a great surgeon; this address, in our estimation, makes him *great* in other lines. We reproduce the following selections from it.

"The doctor, by being honest in his dealings with his patients, can do much to raise the public standard of truthfulness, and thus serve the state. It is a common belief that doctors are inclined to tell untruths, in order to save the sensibilities of their patients. This practice does unfortunately seem to be not uncommon among a certain kind of doctors; but it does not represent the real spirit of our profession. A patient who has once been deceived by a doctor's lies, is not apt to put much faith in his subsequent statements. Dr. Cabot, of Boston, wrote an important article on this subject a few years ago. His advocacy of truth and his belief that truthfulness is the best policy deserve high praise."

"It is the doctor's duty to teach the state's inhabitants this fact, and not encourage hysteria, neurasthenia, and general "cantankerousness" by foolish sympathy, unwise talk or ignorant diagnoses of "railway spine." Many wrecked lives and useless citizens are made by unwise advice given by doctors, into whose hands persons with slight injuries first fall for treatment. Many damage suits could be avoided with justice to the injured and the agents responsible for the injury, if all doctors realized the importance of mental control. Many "railway spines" and traumatic neuroses are caused by the doctor's unscientific and unreasoning sympathy.

The doctor's duty to the state includes instruction to his patients in mental hygiene, and the prevention of unnecessary litigation. It is easy to develop a neurasthenic crank out of a patient, who has received an insignificant injury, and it is easy to make a hysterical valetudinarian out of a useful citizen by magnifying his dangers and feeding his imagination with depressing possibilities. It is the doctor's public duty to see that such sad occurrences do not result from his maladroitness."

"In connection with the same topic may be mentioned the wrong done to the public by what may be called "alarmist" practitioners. Some doctors make such a "mountain" out of a "mole hill" of illness that they become known to their professional colleagues and even to their patients and their patients' friends as those who perpetually cry "wolf, wolf," when there is no "wolf." This conduct is partly due to narrowness of professional experience, partly to temperament, but the laity often attribute it to a desire to scare the patient into a mental attitude, which will allow frequent visits and large bills. With all deference to the specialties, I can not help feeling that the limited outlook, which special practice furnishes, contributes to this evil as much perhaps as real ignorance of etiology, symptomatology, therapeutics and prognosis.

A graduate, who has become a specialist a few months after

commencement day, may with perfect truthfulness on his part assert that a furuncle of the auricle, a follicular tonsillitis, a foreign body in the cornea, a bean in the nose, or a small crop of herpes over one of the ribs is a serious condition demanding rest in bed, a trained nurse at \$20 per week, and daily visits at \$5 per visit. His assertion is, however, as untrue, in the majority of cases, as the statement of the ignoramus who calls a febrile attack due to indigestion a case of typhoid fever, and says that it was aborted in three days by his treatment.

Even specialists of eminence are not free from this injustice to the public, which keeps patients unnecessarily from business, depleting their pocket-books, and adding to the anxiety of their households. It is in some cases a pardonable error, for to examine for years only eyes, or ears, or throats or skin must make a doctor's horizon as small as that of the old-fashioned dentist, whose profession was much more that of a mechanic than a physician. Recent years have fortunately given the state specialists in dentistry and other departments of medicine, who know the collateral branches of the healing art. The general surgeon and physician too are now learning the necessity of at least some working knowledge of the specialist's science and art.

An important duty of the doctor is to support the present state supervision of medical practice. The various state laws governing medical licensure are far from perfect, but they result in much better protection of the citizen than did the commercial medical schools of ten or twenty years ago. Many of you remember the struggle to wrest from medical teachers the power to create medical practitioners with almost no real knowledge of medicine. The medical schools of that day were, in many instances, conducted merely as money-makers for the professors. The chief output was a crop of half-educated men with a moderate knowledge of the art of medicine, but almost none of medical science.

It is gratifying to remember that it was the medical profession itself, which ended this system by obtaining laws to give state boards of medical examiners control of the entrance to medical practice. Now, the medical schools educate, but the states, through their respective examining boards, fix the standard of education and control the license to practise. It is the duty of the doctor as a citizen to strengthen the hands of these boards, because they give the public an opportunity to know which physicians have sufficient education to render them likely to be safe practitioners.

It is undoubtedly possible for a man to pass the examinations of a board, and yet be a dangerous practitioner, either because of his rascality or his lack of common sense. Still, this menace to the public safety is infinitely less than was the case when students entered medical college, ignorant of the common school branches, attended two five-month

courses of lectures, and were given the medical degree after a farcical examination, conducted by the teachers whose income depended upon the size of their classes. In those days a considerable number of students deliberately selected the medical schools known to have the easiest examinations.

The present system of state license is a hardship, when a doctor removes from one state to another, and the demand for reciprocity in medical licensure is therefore reasonable. Even this defect in the method of protecting the public from medical ignorance, however, is inconsequential, when compared with the evils of the former system of commercial college control of medical practice.

Fellows of this Academy were active in the campaign to destroy low-grade medical schools, by the establishment of state examinations, and that work has been pretty satisfactorily accomplished. Professors, who fought the enactment of laws to protect the public from their ignorant pupils, still probably evade the law when possible, or perchance endeavor to bring political pressure to bear on the examiners. I have known political pressure to be exerted to influence medical examiners to pass unqualified men; but, in the instances with which I am acquainted, the bravery and honesty of a few doctors frustrated the scheme.

These facts show why it is the doctor's duty to the state to support the medical examining boards, to work to have honest men appointed upon them, and not to be too censorious of their shortcomings. We, who have not served on these boards, know little of the worry, the work, and the weariness entailed by honest service in them. The man, who unreasonably or unjustly decries the system and its exponents, is doing an economic wrong similar to that of those few honorable but shortsighted doctors, who for years played into the hands of the profession's enemies by opposing state control of medical licensure.

The manner, in which state laws compelled low-grade medical colleges to adopt entrance examinations, lengthen terms, and exact efficient final examinations, has fully justified the prophecies of the advocates of state control.

It is difficult to understand the mental quality of an educated physician, who believes that he is acting honestly toward his patients, when he accepts his therapeutic teaching from the advertisements of secret remedies and writes his prescriptions after consultation with the drummer of a drug firm. I formerly supposed that the sale of large quantities of these secret medicines was due to their use by ignorant physicians who had graduated from low-grade medical schools. Careful observation has convinced me of the error of this view. Some years ago, I read in a cyclopediac work on one of the specialties an elaborate article by one of my hospital colleagues, in which "A——" was sug-

gested in the treatment of a certain disease. I saw recently a letter written by a professor in a great university medical school, in which he advised that a patient, whom I had referred to him, be given "P—." Not very long ago I heard a metropolitan professor of surgery descant on the value of "H—;" and about a year since one of my patients told me that she had been advised to take "M—," by a hospital physician of Philadelphia. These facts suffice to show that intelligent physicians, and even teachers, have been led into the illegitimate practice of treating patients with remedies of whose composition they are ignorant.

It is clearly improper for a doctor to prescribe a certain remedy for a patient, when he does not know, and is not permitted to find out, the character and the amount of the powerful drugs it contains. It is also, in my opinion, detrimental to professional integrity for medical journals, conducted under professional auspices, to accept advertisements of pharmaceutical products of secret composition.

Both of these questions have been vigorously discussed in medical circles during recent years. As to the first proposition there can be but one answer, which is that a doctor has no right to use a powerful therapeutic weapon, unless he knows its possibilities for good and evil. These possibilities he can not know unless he is able to learn how much acetanilid, strychnin, arsenic, mercury or other active ingredient it contains. The propriety of medical journals, published by doctors, increasing the dangerous use of these secret remedies by accepting their advertisements can not be successfully maintained. In a discussion among some officers of a medical journal, a distinguished professor of medicine once said: "Other journals take them, why shouldn't our journal?" The reply to this query is: "Some doctors accept commissions for steering patients to operating specialists, why not we also?" If the vice of prescribing medicines of unknown composition is to be rooted out, honest doctors must jointly repudiate any such illicit combination with commercial journalism, and individually refuse to prescribe remedies of whose composition they are kept in ignorance.

It is said that in Japan the importation of secret proprietary medicines containing a poison, from which accidents might result, is absolutely prohibited, and that the retailer must be informed as to the ingredients, proportions and doses. (*American Medicine*, May 9 1903, from *Canadian Journal of Medicine and Surgery*.) Such a law would render valuable service to the public of America. Osler in an address before the Canadian Medical Association in 1902, spoke of these nostrums being "foisted on the profession by men who trade on the innocent credulity of the regular physician, quite as much as any quack preys on the gullible public." It must be a very ignorant or dishonest doctor, and

not an innocently credulous one, who treats his patients with the secret nostrums brought to his notice by interested salesmen.

Such a travesty of medical science deserves the condemnation of every honest doctor. It is the duty of every honest consultant to express his adverse opinion, when such course of treatment is suggested in the consultation room. It may be true that men of distinction use remedies of unknown composition; it may be true that medical journals, owned by doctors or by great medical schools and organizations, accept advertisements of these abominations; but such conduct only serves to show to what degradation a lax ethical spirit may bring even those whom we would like to respect.

The secret remedy evil is degrading the medical faculty at this hour very much as the low-grade medical school debauched the profession two or three decades ago. The cause is the same laziness and love of money. The cure is the same; an aroused professional sentiment. It was the leaven of honesty in the hearts of the doctors at large, which compelled avaricious professors and low grade medical schools to cease deluging the public with unsafe and ignorant medical practitioners. It took energy, courage and unselfishness to carry on the work. Honest men were compelled to antagonize friends, to fight against their *almae matres*, to relinquish opportunity of professorial position, and to be misunderstood by other honest men. What matter, when the goal was to preserve the state and uphold the honor of the medical guild?

You and I have now a similar, but mightier, task. Then we sought colleges with self-satisfied faculties and thousands of dollars invested in teaching plants. Now, we have to battle against professional dishonesty, therapeutic credulity, and millions of dollars invested in the manufacture of secret nostrums by quick-witted business men.

The task is made more difficult by the fact that a very large number of these vaunted remedies and foods owe their popularity to the alcohol they contain. Dr. Charles Harrington made, a few years ago, a chemical analysis of many of these products. His paper (*Boston Medical and Surgical Journal*, March 12, 1903, quoted in *American Medicine*, March 21, 1903, p 469) showed that one of these foods contained in volume 23.03 per cent. of alcohol, another 10.60 per cent., another 14.81 per cent., another 15.81 per cent., another 15.58 per cent., another 18.95 per cent., and another 19.72 per cent. He found the nutrient contained in the maximum daily amount, which was recommended of these so called foods, was only 1.25 ounces, but the contained amount of alcohol was equivalent to six ounces of whiskey.

A much-advertised remedy was found by the Massachusetts State Board of Health to contain 23.46 per cent. by weight of alcohol, another 15.33 per cent., another 16.77 per cent., and another 5.87 per cent. The

New York *Evening Post* (quoted by *American Medicine*, March 21, 1903) mentions a "tonic" which contained 41.6 per cent. of alcohol, and refers to other remedies, called by names suggestive of vegetable composition, containing 26.2 per cent., 18.8 per cent., and 21 per cent. of alcohol.

It is not difficult to understand the ease with which makers of these remedies obtain certificates of their remedial value from preachers, statesmen and women, but one would expect medical men to be too wary to be caught in the trap. Their endorsement by physicians always suggests to me ludicrous credulity, therapeutic ignorance, or downright bribery.

Many of the pain-curing secret remedies, used by the laity and prescribed by dishonest doctors, contain acetanilid, phenacetin, and similar agents, in unknown quantity. The danger to life assumed by the administration of these powerful drugs, in indefinite amounts, is so great that a thinking man must stand aghast at the temerity of physicians, who prescribe mixtures of unknown composition for the relief of headache, neuralgia and other ills. Acetanilid and its congeners are known to depress the heart and may have a hemolytic, or disorganizing, effect upon the blood itself. (*University of Pennsylvania Medical Bulletin*, 15, 462, 1903, quoted by *Journal of the American Medical Association*, March 21, 1903, 786). The *Journal of the American Medical Association*, (January 16, 1904, 177) expresses the belief that a recent increase in the number of sudden deaths from heart disease in New York City was due to the unusual consumption of acetanilid.

It is not surprising that addiction to the use of acetanilid, alcohol, and cocaine is frequent among persons of unsuspected impurity in this regard. The unnecessary taking of medicine for all kinds of real and imaginary minor ills is common. The storekeeper and the druggist, whose function is to sell goods, naturally encourage the consumption of proprietary medicines and vaunt their remedial qualities. The doctor should protect the public from such insidious intoxicants and poisons by refusing to condone their use or prescribe them.

The remedy for the evil lies in the development of a feeling of individual responsibility in the medical faculty. Let every doctor refuse to accept samples of secret medicines, refuse to waste time talking therapeutics with smooth tongued salesmen, refuse to debauch medical science by believing the mendacious advertisements called by the trade "literature," and treat his patients honestly by giving them, what they pay for, the best result of his own knowledge and experience.

I think with pleasure of the discomfiture of a druggist for a much-advertised lithia water, when I told him in my office that I did not expect to prescribe the said water, because Professor M——, of the University of——, had analyzed a number of the lithia waters on the market and

had told me that he could find no lithia in any of them. The stereotyped reply, to all agents of secret nostrums, that I do not prescribe medicines of whose composition I am kept in ignorance, has saved me many hours for more advantageous professional work than conversation with men whom I despise.

It is possible that efficient aid may be obtained, in our crusade against this evil, through congressional legislation. The law which gives the Public Health Service a limited supervision over the manufacture of, and interstate traffic in, viruses, serums, antitoxins and the like, and the proposed Heyburn Pure Food and Drug Bill are steps in the right direction.

In all these questions of such moment to the state, the essential element is the honesty of the individual members of society. It is said that "corporations have no souls." The proverb is justified by the fact that men, who constitute corporations, put their individual consciences and ideals of right aside, as soon as their actions are assignable to a body of men instead of to its individual members. As incorporation limits individual financial responsibility, so it acts as a narcotic to individual rectitude. This is seen in larger fields of action, as in governments, which will steal harbors from heathen Chinese, rob African farmers of their country and freedom, and under the color of diplomacy emulate even the father of lies.

Though corporations and governments have no souls they, fortunately for the preservation of civilization and religion, are sure to suffer the penalty of their misdeeds. In this, at least, they are no more apt to escape punishment than men. Economic laws avenge economic follies and sins with much the same resistless energy as is seen in the operations of the natural law and the moral law.

The doctor sees the sins of youth bear fruit in old age, and the sins of the father visited upon the children down to the third and fourth generation. He, as others, sees in history the same process exhibited in the remote effects of corporate and governmental vice. He knows how murder committed under military sanction is only a little less debauching than murder committed under the sanction of a lynching bee; he knows how political robbery and ballot frauds lead to a deterioration of the public morality and health; and he realizes from observation that nothing is so relentless as the orderly course of the laws of nature and of nature's God.

To whom then shall the state look for preservation of its health, to whom shall the state call for help in time of trouble, in whom shall the state place its hope for deliverance from political corruption? The honest citizen; and the honest doctor is his best representative.

THE DEGRADATION OF THE DRUG STORE.—There are in every city and village drug stores that only can be called pharmacies by a stretching of the meaning of the word beyond the recognition of etymologists. So far as concerns business, the drug part is a ludicrous fraud made up as the articles on sale are of a homeopathic dose of genuine drugs and a huge oceanic mass of the "menstruums," of soft drinks, bric-a-brac, china, silverware, and every thing conceivable and inconceivable that will sell. Looked at from the professional aspect of the physician, these stores fill their windows, advertising spaces, newspapers and bill-boards with advertisements of every nostrum which cupidity and quackery can devise, all in sharp competition with the physicians who are supposed to patronize them. And not content with this, these concerns rival the business of the nostrum syndicates by manufacturing the same kind of concoctions themselves all "cheaper and better." Still not satisfied with killing the doctor in these ways, they prescribe for any ailment the self-treater may describe, mix the dose and give it in "fruit-syrup" soda water to the walking patient. From the standpoint of the temperance reformer and the citizen they also enter into competition with the saloon, and under the name of "bitters," "cough-cures," and all that, they sell the vilest of alcohol under the name of medicine. And we all submit, perhaps patronize! What a farce and a disgrace!—*American Medicine*, July 2, '04.

THE USE OF LEMONS.—The uses of lemons are manifold, and the more we employ them the better we shall find ourselves. For all people, in sickness or in health, lemonade is not only a safe but a remarkably pleasant drink. It is a specific against worms and skin complaints. The pippins or seeds crushed may also be mixed with water and used as a drink. Lemon juice is the best antiscorbutic remedy known; it not only cures the disease, but, what is better than a cure, it is a preventive. Sailors make a daily use of it for that purpose. It is a good thing to rub the gums daily with lemon juice to keep them in a healthy condition. It prevents chilblains. Lemon used in intermittent fevers is mixed with strong, hot black tea or coffee without sugar. Neuralgia may be cured by rubbing the part affected with a lemon. It is valuable also to cure warts and to destroy dandruff on the head by rubbing the roots of the hair with it. Lemon juice and glycerine, equal parts, make an unequalled lotion for the hands to keep them soft, smooth and healthy. We think we have said enough to show how valuable, therefore, lemons are.—*The Dietetic and Hygienic Gazette*.

BORIC ACID.—Having used boric acid for several years I want to say something of its internal use not mentioned in any literature that has come my way. Besides its extensive use as a surgical dressing and as a wash for the eye, Fyfe writes of its use in typhoid fevers, and says

it lessens the tympanitis, improves the character of the stools, increases the quantity of the urine, and causes the tongue and skin to become moist. He also mentions its use in the summer diarrhea of children. He does not mention the specific indication for its use.

We think it a good remedy wherever you find the red cracked tongue, usually dry if observed in fevers. You will see the indication sometimes in typhoid fever. More often in scarlet fever, where the kidney is being exhausted from overwork and at the stage when you frequently find albumen in the urine. You will see the indication in nearly all cases of diabetes mellitus, and in this disease we consider boric acid our most reliable remedy. In diabetes mellitus we give a No. 2 capsule every four hours during the day. Stop the use of meats of all kinds; supply the craving for a sugar with strained honey, and give water freely. If the patient is feeble and shaky, indicating impaired nerve centers, we give $\frac{1}{2}$ of strychnia nitrate with each dose of the acid. It controls diabetes insipidus for us without any care as to diet.

Those cases of frequent urination, so common to women, where there is burning and straining, is promptly relieved with a few doses of boric acid, No. 3 capsule every two hours.

We have lately seen the quantity of albumen lessened in a case of nephritis, following confinement, that had been treated three weeks and pronounced incurable by physicians of ability and experience. And while I am of the opinion the patient will die, the use of boric acid, No. 2 capsule every four hours, has lessened the amount of albumen and more hopeful conditions prevail.

To repeat I think the specific indication for boric acid is the red cracked tongue. Such a tongue as I am taught indicates wrong of the kidneys. However, where the diabetic patient is anemic and the tongue pale you can rely on it doing good.—*T. W. Kennedy, M. D., Sullivan, Ind.*

NOTES AND SOCIETIES.

THE twentieth annual meeting of the Texas Eclectic Medical Association, Galveston, Texas, October 12 and 13, 1904. Program: PRACTICE OF MEDICINE.—Prevailing Diseases of Texas and How to Treat Them Successfully, by C. D. Hudson, M. D., Waco. Five Minutes Obligatory Talk on Practice with Clinical Reports, by Chas. Dowdell, M. D., Ennis; D. W. Holmes, M. D., Bellevue; M. E. Daniel, M. D., Honey Grove; K. R. Carter, M. D., Houston; W. M. Tucker, M. D., Flatonia. Three Minutes Voluntary Remarks, by any member of the association or visiting physician. OBSTETRICS.—Difficult Labor, by Mrs. M. W. Morey, M. D., Gonzales. Five Minutes Obligatory Talk on Obstetrics with Clinical Reports, by Mrs. D. B. Tucker, M. D., Flatonia; J. W.

Moore, M. D., Jacksonville; John Mitchell, M. D., Weyer; J. N. White, M. D., Queen City; S. D. Donaho, M. D., Sherman. Three Minutes Voluntary Remarks, by any member of the association or visiting physician. SURGERY.—Modern Technique with Clinical Reports, by E. L. Fox, M. D., Houston. Five Minutes Obligatory Talk on Surgery with Clinical Reports, by G. Helbing, M. D., Bonham; J. T. Hines, M. D., San Antonio; J. M. Watkins, M. D., Luling; W. E. Bridge, M. D., Gober; Geo. A. Taylor, M. D., Bettie. Three Minutes Voluntary Remarks by any member of the association or visiting physician. MATERIA MEDICA.—New Remedies and Uses for Old Ones, by P. A. Spane, M. D., Paris. Five Minutes Obligatory Talks on Materia Medica, by J. P. Rice, M. D., Fredericksburg; R. E. DeWill, M. D., Caviness; Hason Tyson, M. D., Santa Anna; H. H. Blankmeyer, M. D., Honey Grove; T. F. Chandler, M. D., Gainesville. Three Minutes Voluntary Remarks by any member of the association or visiting physician. GYNECOLOGY.—Diseases of Women with Clinical Reports, by Mrs. R. B. Gates, M. D., Waco. Five Minutes Obligatory Talks on Gynecology, by S. L. Segraves, M. D., Era; J. W. Richie, M. D., Caddo; E. H. Cowans, M. D., Crowell; S. F. Morrow, M. D., Blue Ridge; C. H. McCuistin, M. D., Leonard. Three Minutes Voluntary Remarks by any member of the association or visiting physician. MISCELLANEOUS.—Pathology and Bacteriology, by M. E. Daniel, M. D., Honey Grove. Psychological and Mechanical Therapeutics, by W. R. Fowler, M. D., Fleming. Demonstrating the Adjustment of Glasses, by G. W. Johnson, M. D., San Antonio.

PUBLIC ENTERTAINMENT, October 12, 1904 8 P. M.—Benediction, Rev. J. K. Black, Galveston; Welcome Song, Quartette; To Galveston, G. W. Johnson, M. D., San Antonio; Music; Our School of Medicine, Prof. Finley Ellingwood, M. D., Chicago; Solo; American Flora and Eclecticism, Prof. J. U. Lloyd, Cincinnati. October 13th- 2 P. M., Excursion on Bay. 5 P. M., Annual Bath. 8 P. M., Old Time Reunion at residence of Dr. and Mrs. L. S. Downs, Corner N½ and 32d. Take 33 or O car. Reception and Refreshments.

Executive Committee:—H. W. Gates, M. D., Waco; M. E. Daniel, M. D., Honey Grove; L. S. Downs, M. D., Galveston. Reception Committee:—Mrs. Dr. G. W. Johnson, San Antonio; Mrs. Dr. M. E. Daniel, Honey Grove; Mrs. Dr. E. L. Fox, Houston; Mrs. Dr. C. D. Hudson, Waco; Mrs. Dr. R. B. Gates, Waco; Mrs. Dr. L. S. Downs, Galveston.

One-half railroad rates.

H. W. GATES, *President.*

L S DOWNS, *Secretary.*

THE memory of Dr. William E. B. Davis, late of Birmingham, Ala., will be appropriately perpetuated by the erection of a monument by the Southern Surgical Gynecological Association, of which Dr. Davis was the originator as well as founder. He not only conceived the idea but organized the association in all its details, and served as its secretary and

executive officer thirteen years. The association does well in thus testifying its appreciation of this distinguished physician, whose memory will live in spite of granite or bronze.—*Buffalo Medical Journal*.

This statue will be made by G. Moretti, who was designer of Vulcan (the Colossus iron man which represents the Birmingham district at the St. Louis Exposition), and will be in bronze, $7\frac{1}{2}$ feet high, standing upon a granite pedestal, $9\frac{1}{2}$ feet high. Signor Moretti is now making a marble bust of Dr. Davis in Alabama marble. The plaster caste is a very fine likeness. He has made an indemnity contract to have the statue ready by the first of December next that it may be unveiled at the coming meeting of the Southern Surgical and Gynecological Association.—*Ed. from the Alabama Medical Journal, May, 1904.*

AT THE recent meeting (July 5th) of the Ohio State Board of Medical Examination and Registration two hundred and twelve applicants were examined, eleven of whom failed. The six eclectics, all graduates of the Eclectic Medical Institute, passed with averages ranging from 82 to $91\frac{1}{2}$ per cent. Thirty-seven certificates were granted upon exemption, that is without examination, to persons who had matriculated under other than the latest rulings of the Board. Three E. M. I. men were among this number. Ohio now offers reciprocity with six other States

The high grades obtained by E. M. I. students, generally, and before all State Boards since their organization, has been somewhat remarkable when compared with the averages attained by students of other institutions. While the old Institute does not decorate to a very great extent by the flimsy fringes and foppish fads of present day medicine, it does work into the "boys" a full store of that which every doctor needs—practical medicine and good common-sense methods of using it.

THE Muncie Sanitarium Hotel on Muncie Island, Babylon, L. I., N. Y., promises to sustain, this season, even more than formerly, its reputation as an ideal place for invalids, doctors, pleasure seekers wishing an invigorating summer's outing minus the crowds, noise and heat of the larger resorts.

DR. JOSHUA M. CAREY died at his home, Mt. Vernon, N. Y., April 20th last, aged 70 years. He graduated at the E. M. Institute in 1862. He served throughout the Civil War as a Federal Army Surgeon, serving in 51 battles. He was formerly a member of the Pennsylvania State Legislature.

DR. E. R. WATERHOUSE, of St. Louis, Mo., was recently married to Miss Alice Lillian Underhill, of New London, O. He was very sly about it! Why did he not tell us while at St. Louis? Nevertheless, here goes to long life, much happiness, full prosperity.

DR. BYRON ROBINSON is writing a book on the ureter. He wishes to illustrate the book with as many pen drawings as possible from specimens of ureteral duplicity, horse shoe, solitary, fused and unsymmetrical kidney. He will gladly pay for transportations of specimens, give due credit to donor and return the specimens properly. He solicits communications with persons or museums possessing said specimens. Address 100 State Street, Chicago, Ills.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

The magazine that is indispensable in a Presidential year, the *American Monthly Review of Reviews*, is living up to its well-earned reputation. The issue for July is strong in political articles of wide and timely interest. "Theodore Roosevelt as a Presidential Candidate" is considered in graphic, trenchant style, yet with dignity, as befits the subject, by one of the delegates to the Chicago Convention. The article is profusely illustrated with pictures of the President and his family. Then there is the major part of the speech of the Hon. Elihu Root, of New York, temporary chairman of the convention, presenting the record of the Republican party from 1901 to 1904. In "The Progress of the World," Dr. Albert Shaw reviews the political history of the past four years in the United States, discusses men and policies, and "rounds up" the situation in his own convincing and informing style, bringing the reader up to the Democratic Convention at St. Louis—which will be handled in the August number. This department is copiously illustrated. A group of three short, well-illustrated articles show what the national government is doing in the way of health and sanitation on a large scale. Col. William C. Gorgas, of the Medical Corps, U. S. A., who will have charge of the Government sanitary work on the Isthmus of Panama during the construction of the canal, writes on "Solving the Health Problem at Panama." "The Porto Rican Government's Fight with Anemia" is described by Adam C. Haeselbarth, and "Government Care of Consumptives" (at Fort Stanton, New Mexico) is told by Oliver P. Newman. William E. Smythe, author of "The Conquest of Arid America" and other works on irrigation, considers the entire problem of the reclamation of arid lands, under the title "The Triumph of National Irrigation." The war situation in the far East is presented interpretatively in "The Progress of the World" and in many "Leading Articles," and interesting side-lights are thrown upon it

by Park Benjamin's discussion of "Battleships, Mines, and Torpedoes," helpfully illustrated with diagrams, by the sketch and portrait of Prince Esper Ukhtomsky, the Russian editor-statesman, who has just made a tour of the United States, and by the illustrated article on "What the People Read in Poland and Finland." Many Americans will be surprised at Canada's commercial expansion, as outlined by Mr. P. T. McGrath, who presents a graphic picture, which is supplemented by a railroad map. Besides these, there are the regular departments—the "Record of Current Events," "Current History in Cartoons," "Leading Articles of the Month," and "New Books." The noteworthy features of the cartoons for July are pages of Japanese and Russian popular cartoons from original sources. The book department is also very full and copiously illustrated with portraits of authors of "Summer Reading."

The price of this best of Reviews is only \$2 50 a year. Send 25 cents to 13 Astor Place, New York City, for a sample copy.

Good Things—Old and New.

SANMETTO INCOMPARABLE WITH ANY OTHER KNOWN REMEDY FOR GENITO-URINARY DISEASES.—Sanmetto is not new to me. The fact is, I have prescribed many gallons of it in the past eight years. I have never taken a dose of it myself, but suddenly feeling a need for it, I have ordered a bottle of it to take myself. Now as to the value of Sanmetto, it has never failed to produce beneficial results in my hands, and as a tonic and vitalizer to the genito urinary it is not only unequalled, but incomparably better than any other known remedy.—*J. W. Mitchell, M. D., Harrisburg, Ill.*

GOOD AND REASONABLE.—A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia & salol tablet, so useful during the hot weather, when even the "grown folks" load up their stomachs with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of antikamnia in connection with salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhoea, colic, and all conditions due to intestinal fermentation. Then the "triple alliance" remedy so well and favorably known by its self-explanatory title, namely: "Laxative Antikamnia & Quinine Tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

SEPTEMBER, 1904.

No. 9.

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EDITORIAL NOTES.

Elsewhere (page 293) we glean an article giving an excellent resume of the therapeutic uses of *Chelidonium majus*, a remedy that has received far too little attention. Its greatest drawback, if it has any, is its disagreeable taste. That, however, is more than compensated for by its decided specific results. The writer refers to its reputed power to prevent the reformation of gall-stones. It is in this particular field that we value the remedy over all its other reputed virtues, and it has many to its credit. In our experience with it we have found it of little or no value during the passage of the calculus—a period when active measures are necessary and pain must be controlled at once. Then a hypodermic injection of morphine sulphate, or the cautious inhalation of chloroform is imperative. But following the passage of the concretion the patient should be put upon five drop doses of specific chelidonium four times a day (before meals and at bedtime), and continued, unless it produces marked disturbances of the gastro-intestinal tube, for a period of four to six months. The dose may be gradually lessened toward the end of this probationary period. We recall three well-marked cases where recurrences of gall-stone colic were frequent, every three or four weeks, which were put upon this treatment and to this day have had no recurrence of the attacks. Let physicians give this remedy the attention it deserves, restudy it from every therapeutic standpoint, and then give it long and exhaustive clinical trials. Then will its worth more surely become widely known. If it is proved to be the specific remedy for the biliary calculus diathesis—and the indications point that way—then a good and lasting work will have been accomplished for those afflicted with this painful affection and a specific fact established to the credit of specific medication.

On the other hand the essayist alludes to its reputed curative effects in the treatment of cancerous growths, frankly stating, as all careful

writers should do, that he has had no clinical experience with it in carcinoma. Sufficient evidence of a convincing character has not yet been offered to establish the claim that it is a curative agent in such disorders. We should be very cautious about launching positive (?) statements concerning the phenomenal (?) effects of drugs in conditions that have as yet failed to yield to any medicine, internal or external, with the result of a perfect cure. It fosters the excuse for delay—that fatal procrastination—which allows the sufferer to run past that period when relief might come from surgical extirpation of the offending growth. In diseases of this character, experimental medication, in proper clinics and hospitals chiefly, should be long conducted and exhaustive upon a great number of cases before the announcement of positive virtues in a medicament is heralded abroad.

The increasing prevalence of carcinomatous disease, and more especially of the gastro-intestinal organs, makes the subject one of growing interest to physicians in these days of more accurate diagnosis of what were formerly passed as "stomach troubles." Light and off-hand examinations in such diseases with the verdict of dyspepsia or indigestion will not satisfy, and if the patient does not get rapidly better of his ailment it does not take him long to find another doctor who is more exact in his examinations, and more likely to give him a true and positive explanation of his disorder. Prognosis means a great deal in many diseases, and cancer of the stomach or any other organ is one of such instances. The recognition of gastric cancer is not always easy, but if physical examinations are frequently made, one is more likely to determine the trouble much earlier than by mere questioning and looking at the tongue. To one experienced in the recognition of cancer there is a peculiar physiognomy which leads him almost unerringly to suspect the disease, but all individuals do not show this peculiar cachexia early, nor are all physicians capable of recognizing it when it is present, even though they be skilled in other directions. When by palpation we find a tumor like mass in the walls of the stomach and particularly in the region of the pylorus, then we have, of course, more tangible evidence, and are better able to distinguish between gastric ulcer, gastric catarrh, and similar affections. A gradual loss of vigor and steadily increasing debility, with emaciation and progressive anaemia, nausea, finally terminating in daily vomiting, loss of appetite, gaseous eructations and offensive odor, together with gastric pain, vomiting of dark, often sour, grumous or coffee like material, and the peculiar pale yellow hue of countenance, sometimes mottled with brownish stains (cancerous cachexia) should lead us to suspect gastric cancer. When the tumor mass can be felt it is hard and tender, and pressure elicits considerable

pain. In all cases the examinations should be frequent and thorough, the patient being stripped and placed upon his back, with the abdomen relaxed by drawing up the limbs, and the stomach depressed by full inspirations. A perusal of Prof. Farnum's article (see page 294) will give the successive symptoms of this invasion and point one to the early recognition of this terrible affliction. Cancer of the womb only exceeds cancer of the stomach in frequency, and men are slightly more prone to cancer than women, probably due most largely to abuse of the stomach by drinking of liquors and excesses in eating. The majority of cases occur between the ages of forty and sixty (75 per cent.), over 20 per cent. between sixty and seventy, while below these ages it is comparatively rare.

Dr. Fearn (see page 297), like many other good and faithful specific medicationists, believes thoroughly and firmly in the epidemic remedy, and has given us illustrative cases. There is another side to the epidemic remedy which he does not express, but in which we have no doubt he is just as firm a believer. It is this, and it will bear careful observation and study. When a remedy has proved its specific claim through the predominance of specific symptoms in a large number of cases in a given season, to the position of an *epidemic remedy* it will prove to be the remedy, in a great many instances, in disorders which had their inception during the epidemic in question. It is well-known that the *influence* (as it is usually called) of certain diseases may persist for months, yes, even for years. Now when aggravations of this influence, whatever it may be, occur even years after the original trouble, the remedy which was most specific in the original trouble is very likely to be the one required to ameliorate the after affection. We are well aware that malarial manifestations frequently recur after one has had an attack of malarial fever, that unpleasant consequences arise after sieges of la grippe, abdominal grip, epidemic dysentery and the like. Whether the theory be true or not it is not without reason, and many careful specific therapeutics declare their faith in it, based on careful observation and tried medication. At any rate, we have always felt that it was a neglected phase of specific medicine that might serve physicians well when failure after failure with medicines was the only reward in the treatment of chronic and of recurring ailments. As we grow older we are less inclined to view anything as impossible, and to give everything and everybody a fair trial.

Among the aggravations of this period of the year is the summer cold, or if you please to call it such, the autumnal catarrh. It is unpleasant at best, and we are not sure but that it lays the foundation for

chronic catarrh, with thickening of the nasal, post-nasal and eustachian membranes, and considering the usually-vivified small gravity of the condition we know of nothing more persistent. To contract a summer cold means from two weeks to two months of depression, mental fatigue, and profuse catarrhal effluvia—unpleasant both to the victim and to his associates. We are inclined to believe that his associates can "catch" it from him. The treatment if given early may cut short the attack, but if the trouble is allowed to run on, as it usually is, while the patient doses himself with quinine and whiskey, glycerine and whiskey or similar simples (?), the physician has a difficult work on his hands, and his patient can not see why the doctor can not cure a "simple cold."

When seen at the outset five grains of diaphoretic powder, in capsule, every three hours for twenty four hours may abort the invasion. With this, in many cases, may be used the atomization of the nasal cavity and the throat with albolene mixture (a solution of gum camphor and menthol in albolene). The latter is very soothing and grateful at any stage of the catarrh. If the trouble is not aborted the indications are clear, and the indicated remedy should be selected. If there be a watery, profuse discharge, with suffusion of the eyes, and some tendency to fever or inflammation of the parts involved. R—Specific euphrasia, gtt. xx; specific aconite, gtt. iii.; water, 3 iv. M. Sig.—One teaspoonful every hour. If there be violent circulatory action and much sneezing, we know of nothing more satisfactory than specific veratrum in minute doses. It may be used with euphrasia if the latter is indicated. When a dull, sluggish, sleepy condition prevails, with throbbing headache, specific belladonna is the remedy; a dry throat and nasal membranes demand a full dose of specific jaborandi; aching of the muscles and particularly of the face calls for specific macrotys; while sharp pain in the head or in the serous membranes yields to specific bryonia. If the throat be sore and pallid and the glands swollen: R—Potassium chlorate, grs. x; specific aconite, git. v; specific phytolacca, gtt. xxx; water, q. s. 3 iv. M. Sig.—One teaspoonful every hour. A fetid throat requires tincture of ariæma while a rheumatic condition may be most benefitted by alternating the sedative with sodium salicylate as follows: R—Sodium salicylate, 3 jss; essence of gaultheria, 3 ii; specific macrotys, 3 ss; water, q. s. 3 iv. M. Sig.—One teaspoonful every three hours.

Lobelia and asclepias are frequently indicated, and in some instances the emetic tincture, or ammonium chloride will be effectual in relieving the tight rasping cough with scanty secretion. A case with decided malarial influence, as shown by remissions or intermissions and periodical aggravation, may be given quinine sulphate, Fowler's solution, or specific eupatorium in appropriate doses. In administering

quinine, unless there are contra-indications for acids, we prefer the following form: Rx—Quinine sulphate, 3 j; tincture of capsicum, gtt. v; dilute hydrochloric acid to solve. Add essence of orange, 3 ii; water, q. s. 3 iv. M. Sig.—One teaspoonful every two or three hours.

CHELIDONIUM.

The *specific symptomatology* of this excellent remedy is best described by saying it is called for in fully developed abdominal plethora, insufficient functional glandular action of the abdominal organs, and imperfect circulation of the tissues of the glands and organs of the abdominal cavity, which produce diminished secretion of bile as evidenced by very light colored stools, which usually will float on water. There may be no evidence of absorption of bile into the blood, that is, there may be no jaundice; again, on the other hand, there may be a fully developed jaundice with its long train of woe^{ful} symptoms, such as icterus of skin and eyeballs, loss of appetite, flatulency of stomach and bowels, fullness and heaviness in same, highly colored urine, hypochondriasis, general apathy and indifference, etc. For this case as a whole, or for any one of the symptoms taken individually, it is the remedy *par excellence*. You will observe, however, that this is the remedy for the atonic case. In the irritative case with soreness and tenderness of liver and bowels, chionanthus is the specific remedy.

Defective portal circulation is the source of a long train of symptoms, a few of which are a slow pulse beat, palpitation, dull pain and aching in limbs and muscles, a feeling of weight, stiffness and swelling of the hands, limbs and feet, coldness of same, doughy skin with jaundiced greenish appearance, dull aching in the front and occiput of the head, vertigo, irritability, inactivity, weariness, irregularity of bowels, constipation alternated with looseness, colicky pains, and many other disorders. Chelidonium is an excellent remedy for atonic hepatic disease with any or all of the above named symptoms. Some experimenters have attributed great benefit to the agent as a remedy in *biliary calculi*, and consider it quite superior to any other remedy in use to prevent a reformation of the stone. This statement I can not verify, as I have had no experience with it along this line. However, I feel almost sure it is worthy of our consideration for that purpose. It also has some reputation as a remedy for *cancer*. Denissenko is reported to have used the remedy for that purpose by having the patient take from twenty-two to seventy-five grains of the extract dissolved in water, once a day during the treatment. Into the substance of the cancerous tumor at its boundary line he injects at interrupted points two or three drops of a

mixture of the extract, water and glycerine, in equal parts by weight, not exceeding one syringeful in all at one sitting. If the tumor is ulcerating he paints its surface twice per day with a mixture of two parts of the extract of chelidonium to one part of glycerine, from which results a slight burning. In all instances, he relates that there is, especially after the first injection, burning pain at the site of the operation, the patient feels weak, a chill of some severity supervenes, followed by a rise of temperature to between 100°-102°, all of these symptoms disappearing on the following day. He claims as the result of the treatment that the sallow skin disappears and softening of the tumor sets in. He fails to state how often the operation should be repeated, leaving us to infer, I suppose, that one treatment is sufficient to effect a cure. Of this use of the remedy I know nothing clinically, but would suggest that the treatment is worth our consideration in this, otherwise, hopeless disease.

To recapitulate I will say that the specific indications for chelidonium, so far as I have verified them, are pale and sallow skin; full, pale and somewhat sallow tongue; greenish-yellow skin; *pain under right shoulder blade*; fullness and dull pain in liver; fullness in stomach and bowels or in either alone; gastric and intestinal flatulency; deficient action of kidneys with dull, weighty pain in back; constipation, with bad, bitterish taste on rising of mornings; despondency and gloomy foreboding. I will now give you a formula that will fatten your sallow, thin, cacoplastic looking patient. It will cure his dyspepsia, constipation, despondency, and weatherboard his frame. The formula is:

R—Specific chelidonium, specific hydrastis, Fowler's solution, $\frac{1}{2}$ j; glycerine, $\frac{3}{4}$ j; water, q. s. $\frac{3}{4}$ iv. M. Sig.—Teaspoonful every four hours to four times a day. Those of you who are acquainted with me know that I am not an advocate of formulary prescribing, but if you will notice the description of the symptoms above given, you will see plainly that all three of the remedies are well indicated. At any rate I will assure you that the formula will not disappoint you, if strict attention is given to the indications mentioned. I most earnestly request that you use it and report to us at our next annual meeting.—George M. Hite, M. D., Nashville, Tenn., in the Eclectic Medical Journal.

CANCER OF THE STOMACH.

By E. J. FARNUM, M. D., Chicago, Illinois.

Cancer of the stomach is an exceedingly insidious disease, and at the outset it is not to be distinguished from other affections of the organs which lead to dyspepsia.

Brighton's description, "obscure in symptoms, frequent in recurrence, and fatal in its event," is true every day in the year in spite of the great improvement in our diagnostic and therapeutic resources.

The earliest evidence of cancer, is the failure of health accompanied by irregularity and impairment of the appetite; disturbance in digestion, feeling of fullness and tension in the epigastrium; regurgitation of the food; a tendency to nausea, with the bowels disturbed by either looseness or constipation.

As the disease progresses, the symptoms become more severe. The pain, if present, comes on very gradually, and may be local or diffused, and is usually paroxysmal.

In nearly every case there is vomiting, and it occurs without much effort. The vomit is sometimes tasteless or sour, and it usually has an offensive odor, besides containing epithelium or the cancer cells. It is at times bloody, either bright-red or dark colored; the coffee ground vomit. The difference in color is due to the length of time the blood has laid in the stomach.

The tongue is usually coated with a pasty white fur (I have seen, however, two cases where the tongue was clean), the taste becomes flat and pasty, bitter or sour. Sooner or later there appears a palpable or also visible tumor which is recognized in the epigastrium.

Accompanying the symptoms the patient suffers a marked loss of strength and progressive emaciation. The superficial fat and the muscles waste away until the sufferer drifts into a state of exhaustion. The eyes appear sunken, the cheek bones becomes more prominent, and the patients look older than they are. The skin becomes pale and sallow, showing distinctly the cancerous cachexia.

There is in some cases a profound depression of a melancholy nature, which may be alternated with restlessness and excitement.

The condition as described may be complicated by neuralgia, headache, dizziness, etc. In some cases there is a rise in temperature, and in others the temperature remains sub-normal.

Among the terminal symptoms of the affection are dropsical swellings, and effusion into the serous cavities, and an inflammatory condition in various parts of the body. As death approaches, delirium may be present.

Death is due to marasmus. As a rule, the course of cancer is progressive, irresistible and advancing towards a fatal termination. In certain cases, longer or shorter periods may occur in which the process appears to be at a stand-still, and in some cases there is improvement. The duration of the disease is from three months to three years.

In making a diagnosis of cancer of the stomach, besides witnessing the train of symptoms as described, we are assisted by making repeated

tests of the material that is removed from the stomach. It is found that in the great majority of cases, there is absence of free hydrochloric acid in the stomach. The use of the microscope will oftentimes demonstrate the presence of specific tissue elements in the mass raised from the stomach.

In making a differential diagnosis, the lesions in question are especially *gastric ulcer* and *severe catarrhal gastritis*. In some cases a sharp differentiation of these conditions may be impossible during life. As in some cases of cancer, nearly every factor for a positive diagnosis will seem to be lacking.

The presence of a tumor in the wall of the stomach is the most important and decisive feature in the diagnosis. There are many cases, however, where we are compelled to differentiate other troubles before the time at which the tumor makes its appearance.

Gastric ulcer, the disease most frequently confounded with cancer, asserts itself at different times in life, and at these times the symptoms are as those of an acute trouble. The tongue is usually dry and red, belching rare; taste unchanged; thirst, with burning and pains in the stomach, which is increased immediately after eating. Vomiting may occur immediately after eating from the food irritating the ulcer in the stomach. These symptoms are accompanied by fever. Complexion commonly fresh; only anemic after severe loss of blood from the ulcer or continued debility.

Gastritis is recognized by the fact that there is no special change of taste, although the sensations in the stomach, and the pain are entirely irregular and dependent upon the eating and the habits of the patient. If there is vomiting, it is simply of mucus. There is no fever; and, while the skin may be pale, the cutaneous circulation is normal. It occurs at all ages. Upon palpation no tumor can be felt.

There are points of difference recognized between cancer of the pyloris and cancer of the cardiac portion of the stomach. It is a well recognized clinical fact that in cancer of the pyloric portion of the stomach, there is more apt to be a marked disturbance of the bowels and that the distressing symptoms attending digestion occur about the time the food passes the pyloris, or about two hours after eating.

In cancer of the cardiac portion, difficulty is sooner or later experienced in the passage of the food into the stomach. Solid food passes with difficulty, thus requiring more careful mastication. The difficulty increases and finally only liquids are swallowed, and in time the liquids are swallowed with difficulty. The regurgitation of the food occurs at the time it is swallowed.

The diagnosis of cancer of the cardia is confirmed by examination with the bougie; as the distance from the incisor teeth to the entrance

of the stomach is fourteen and one half inches when the head is thrown back.

By listening with a stethoscope over the esophagus, you can easily trace the course of the liquid as it passes down and readily distinguish the variation, should there be a sudden stop in the passage. In some cases where the stricture is nearly complete, the gradual dropping of the liquid into the stomach is an interesting feature.—*Chicago Medical Times.*

THE EPIDEMIC REMEDY.

By PROF. JOHN FEARN, M. D., Oakland, Cal.

So far as I know, the late John M. Scudder, M. D., was the first to call particular attention to the thought that there was such a thing as an epidemic remedy. Since first I read from his pen his account of observations along this line, I have been on the watch for phenomena that would either prove or disprove his theory; and the longer I practice medicine and the more thought I give to this special feature of practical therapeutics, the more I am convinced that there is such a thing as an epidemic remedy. Before proceeding further let me define what I do not mean by the epidemic remedy.

I would not have you for one moment think that I teach that there is such a thing as a remedy that will hit every case curatively in the course of an epidemic. This idea would never work with specific medication—in fact it would be entirely contrary to that theory.

Now, let me in a few words express myself as to what I mean by the epidemic remedy. I mean when during an epidemic a majority of cases presenting themselves to the physician show such pathological wrongs, or such a train of abnormal symptoms that there is quite a similarity. The specific medicationist has been in the habit of meeting these wrongs by certain specific remedies. The remedy may be any one of twenty or more. But that remedy which is most frequently indicated and most certainly successful has a right to be called the epidemic remedy.

Thousands of physicians, who are not in any sense specific medicationists, have noticed that during the existence of any wide prevailing disease, whether it be epidemic or endemic, many of the cases present abnormal conditions wonderfully similar in their manifestations.

The same disease prevails in the same locality a few years afterwards, and the abnormal manifestations are quite dissimilar, and the man who prescribes definite remedies for specific results will find himself prescribing entirely different remedies, though the disease in both cases

may be the same in name. So that this theory is entirely different from the theory of specifics for certain diseases.

Let me illustrate from practical experience. During the years '93-4-5, the majority of acute diseases coming under my observation, either as physician in charge or consultant, might be named as pneumonia, dysentery, bronchitis, typhoid fever and typho-malarial fever. During the experience of those two years I found four remedies principally called for, outside the special sedatives; those remedies were specific ipecac, baptisia, asclepias tuberosa and rhus tox, and I will make a few observations on each in the order named.

Specific Ipecac.—For the two years mentioned I have no doubt that in my experience this was one of the pronounced epidemic remedies. For what cases was it prescribed? It was prescribed in diseases of the respiratory tract, where there was irritation of mucous surfaces, with tendency to cough; the cough being very pronounced at night, preventing sleep; the sputum was principally mucus, no great amount or little hard to move. Specific ipecac vii. to x. gtt., in a glass of water, a teaspoonful frequently, would loosen the secretion, allay the irritation, stop the cough—whether in child or adult. One little sufferer about 5 years old, who had been through a long siege, and had effusion on right side, was particular to see that I left him plenty of cough medicine, showing that the child had observed its beneficial results.

In irritation of the gastro intestinal surfaces it was equally good. If the vomit was chiefly mucus, with much straining from irritation, gtt v. to gtt. viii, in a glass of water, were successful; in cholera infantum, in dysentery, with frequent mucous discharges, sometimes greenish and occasionally tinged with blood, the remedy was equally useful in a large class of such cases, leaving nothing to be desired. After the acute stage had passed, and the patient had come to that stage where tonics were needed, I found that small doses of specific ipecac added to specific nux vomica helped the nux to act more rapidly and certainly; of course, if there was a call for aconite, that was added, but ipecac was a pronounced remedy.

Specific baptisia.—I have heard physicians decry this remedy—say they got no good out of it. My experience has been entirely different. Those who decry the remedy must either have had a poor article, or have used it in cases where it was not called for. To those who would give this remedy a fair trial I would say, if you cannot get the fresh drug to make an infusion, use none but the specific medicine, and, in the second place, use it according to the directions laid down in Scudder's Specific Medication; if you use it thus you will be delighted with its action. In my hands it has done good work acting as a stimulant and antiseptic. Wherever we have feeble capillary circulation, tendency to

ulceration, either of throat, stomach or bowels, and the tendency is to local death and decomposition, I have found this remedy to be a wonderful sweetener, getting by its kindly stimulating properties a better local and general life. Recently I was called in as counsel in a very unpromising case of typho-malarial fever. Other much-vaunted antisepsitics had been used, but I advised: R Specific baptisia, gtt. xx; aqua destil, fl. ii. M. Sig.—One dram every two hours, alternated with the special sedative. The results were very satisfactory. From this and many other experiences I put down very confidently as one of the epidemic remedies for the period above mentioned, baptisia.

Asclepias tuberosa.—If you get a good preparation of this root it is a good medicine. The root itself has poor keeping qualities, so we are obliged to use the tinctures. Scudder speaks of this remedy as being a feeble remedy, well suited to children. I find it equally well suited to the adult. The remedy is slightly sedative; it allays that form of nervous irritability closely connected with imperfect skin action. It increases true skin secretion. The diseases in which it has been specially useful to me are pneumonia and pleuro-pneumonia; action of skin impaired through nervous irritation, and from same cause there is difficulty of expectoration; cough dry, short and irritable. I have been in the habit of adding to the special sedative, say: R Specific aconite, gtt. v.; specific asclepias tub, 13*i*; glycerine, 13*i*; aqua, q. s. 3 iv. M. Sig.—One dram every hour, as needed.

Under its influence the skin does its work, the secretion in the respiratory organs becomes re-established, expectoration easier and the patient less nervous. It has done such good service for me that it has become a necessity in the treatment of such diseases, and may well deserve to be called an epidemic remedy.

Specific rhus tox.—This remedy has been with me one of the most certain remedies when indicated. In typhoid fever and in diseases of a typhoidal type, this remedy has proved to be one of the certainties in medicine. I have seen it relieve nervous trouble giving rise to loss of sleep, bring down temperature, relieve determination of blood to the brain, and even stop vomiting.

What I have said may not be conclusive to the readers of this article, but the experiences from which these statements have been deduced have to my mind been conclusive that we have epidemic remedies, and that for the past several years the four remedies I have named have certainly earned the right to be designated epidemic remedies. It may often call for close investigation and observation to find out the indicated remedy; the dividing line between symptoms calling for different specific remedies is often very fine, but when found and acted upon the results well repay us, and, I believe, the thought expressed and contended for in this paper will bear even a wider explanation.

Some years ago, I used with great success a combination of cocaine, Lloyd's colorless hydrastis, plumbi sub-acetatis in aqua distil. as an injection in gonorrhea. I cured the cases that came to me in my own practice rapidly and pleasantly; then a string of sufferers who had been vainly treated by my neighbors, came to me, and they also were cured, until I began to feel like crying "Eureka." But suddenly my success was at an end, it cured no more. Why was it? I know not. The cases looked and acted similarly, but they were intractable to the old treatment.

If the gonococci had been carefully examined under a powerful microscope, the last intractable fellows might have been found harder to kill, in fact more virile, and therefore the old shot was not deadly enough. Let us at all times be careful in diagnosis, be quick to note pathological manifestations, then when we have located our game go for it with a dose small enough and yet large enough to do execution.—*The Chicago Medical Times.*

ERRATUM.—August GLEANER, p. 255, 10th line from bottom, read *alcohol* instead of *water*.

WHOOPING COUGH.

By PAUL McDONALD, M. D., Grayson, Ga.

Although considered by the laity and some of the medical profession to be an insignificant disease, whooping cough sometimes appears to be a rather knotty problem. It is a highly contagious disease, characterized by a peculiar spasmoid cough, ending in a whooping inspiration. It is an affection of the nervous system, attended with inflammatory processes in the respiratory mucous membrane, and running a determinate, self-limited course, lasting from five to eight weeks.

This disease is generally termed a disease of childhood and infancy, but may occur at any age. The prognosis is favorable, but must be guarded on account of the many and dangerous complications and sequelæ of which I believe the most frequent are bronchitis, pneumonia, emphysema, chronic laryngitis, and a number of bronchial and lung troubles. General convulsions may be looked for when the head remains hot, the thumbs are drawn into the palms, the eyes have a vacant stare, and there are involuntary twitchings of the muscles.

Bronchitis may be suspected if there is a continuance of the cough during the intervals of whooping spasms, and the face retains a turgid appearance; pneumonia by the rapid respiration, accelerated pulse, crepitant rales, and all the ordinary symptoms of that disease; with other complications according to their several indications.

The treatment of these conditions depends upon the indications for certain remedies as they may present themselves to us.

There are few diseases in which a larger number of remedies have been recommended than in whooping cough. This in itself implies the unsatisfactory results met with by the practitioner. But with our specific remedies, and a fair knowledge of specific indications, we should be able to at least lessen the severity of the attack and shorten its duration.

In the catarrhal stage we endeavor to keep down the inflammatory process with our ordinary remedies. Medication must be aided by hygienic and dietary measures. The temperature of the sickroom must be kept as near as possible equal, and the diet should be nourishing and easily digested.

We begin our treatment with the child's remedy—aconite, with the common indication, small and frequent pulse and pyrexia.

For the constant irritating cough, diminished secretions, and inability to stop coughing, I give codeine sulphate. When there is dullness, drowsiness, dilated pupils, dizziness, cold extremities, deep mucous rales, belladonna is the indicated remedy.

Sudden movements of body, with jerking and twisting of the facial muscles, spasmodic cough, with convulsions, worse at night, are benefited by the bromide of ammonium.

If there be precordial oppression, the pulse full and oppressed, with sibilant rales, lobelia is given. A feeling of irritation and burning in the chest, with oppressed breathing, gastro-intestinal irritation, violent expulsive cough, ipecac is prescribed with great benefit.

A sense of tightness and constriction in the respiratory passages, with dry, hacking cough, burning and tickling in the throat and larynx, demands sanguinaria.

Bright eyes, contracted pupils, flushed face, determination of blood to the head, nervousness and delirium are the indications for gelsemium.

Deep, hoarse, paroxysmal cough, free expectoration, mucous rales, nausea, with occasional vomiting, demand senega.

If there be a pale leaden-colored tongue, pallid countenance, cheeks alternately flushed and pale, I prescribe syrup of the iodide of iron.

Choking sensations, muscular spasms, fright, terror, dryness of the mouth, dilated pupils, flushed face, rapid and excited action of the heart will be relieved by hyoscyamus.

Restlessness, insomnia, cerebral irritation and some pain demand passiflora.

Sometimes we have the violet-colored tongue, calling for an acid, in which case hydrochloric acid is the remedy. I might mention a score of other remedies, but will desist.

The local treatment deserves some consideration. The inhalation

of menthol, twenty grains, in liquid vaseline, in an ordinary nasal spray, as soon as the paroxysm begins or seems impending, is excellent. A fine cloud of spray thrown in the face of the patient will be found beneficial; the paroxysm is soon over, and the excessive secretion is rapidly expectorated.

A one per cent solution of resorcin applied to the pharynx and larynx seems to be of some benefit. Free ventilation, with open windows and outdoor air when the weather permits, diminishes the frequency of the paroxysms. Wool should be worn next to the skin, and exposure to damp weather avoided. Nourishing food is very important.

Fumigations of the patient's sleeping room have, according to some writers, proved to be quite beneficial. The child is to be removed from the room in the morning, washed and dressed in clean clothing, which has been fumigated, and the room subjected to burning sulphur for about four or five hours. This is to be repeated each day. Two or three applications have proved successful with some. As prophylactic treatment, it is claimed by some writers, that atropine given continually, from the time of exposure, will abort the paroxysmal stage altogether. This treatment might be worthy of consideration.—*Chicago Med. Times.*

[This article is full of useful suggestions, and will be helpful at this season of the year when whooping cough is prevalent. In this connection we would suggest the study of nitric acid, bromoform, drosersa, and the local use of Roche's embrocation (see *American Dispensatory*). The use of resorcin, even in one per cent solution, it must be remembered, is not devoid of danger in susceptible cases, and more especially when freely used. Fatalities have occurred from the use of such a solution employed to wash out the stomach.—F.]

Adenoids as a Causative Factor in "Nasal Catarrh" of Childhood.

By WM. L. HEEVE, M.D., Brooklyn, N. Y.

Is it not amazing when at a public reception or an assemblage of many hundreds to find that almost fifty per cent. are suffering from some form of obstruction to nasal breathing? It is certainly surprising to see so many of our people suffering from lesions which, in almost one-fourth of the cases, were due to obstruction in the naso-pharynx in the form of an enlarged tonsil, or better known as "adenoids," during childhood life. A casual glance at the facial formation of an audience at a lecture or recital will convince a physician, familiar with the lesions of

the nose and throat, that the neglect of parents and I dare say physicians' neglect also, had been most painful during the last score of years.

The dull expressionless face, the small nose, broad nasal bridge, the protruding upper lip, the receding lower jaw, mouth breathing and nasal "catarrh," sometimes accompanied with deafness, present a physiognomy that spells "neglect" in childhood days.

The question now arises, how do adenoids produce this peculiar physiognomy? The answer is, obstruction to nasal breathing, forcing the child to breathe through the mouth, whereby the physiological function of the nose is arrested and where no function of the part is called into play, atrophy ensues. The roof of the mouth becomes arched, the nasal septum is thereby crowded upward and deviated, producing a permanent barrier to nose breathing.

Deafness is a most frequent complication with adenoids, due to the occlusion of the opening of the eustachian tube, preventing ventilation of the middle ear, thus producing an acute inflammation, followed by the baneful effects of adhesions and sclerosis of the ear bones and drum membrane. Nature has wisely placed the eustachian orifice on a level with the hard palate in the child, that it may be protected from occlusion by enlarged adenoids. Were it not for this fact I scarcely see how any child would escape ear complications, but in many cases of neglected adenoids Nature has been defeated and the adenoids occlude not only the choaræ but the eustachian orifices also, and the child becomes deaf for life, to be more fully realized by the child when it reaches adult life, when occupation demands normal hearing.

The pharyngeal or Luschka's tonsil must be accepted as a distinct organ and not a mere accumulation of lymphoid tissue. The pharynx of children normally contains glandular tissue. It is situated in the upper portion or vault of the naso-pharynx, upward and posterior to the choanæ. It is purely a gland of childhood, as it atrophies after puberty.

The more prominent causes of hypertrophy of Luschka's tonsil embrace age (childhood), the so called "strumous" and "lymphoid" diathesis, the exanthemata, frequent attacks of so-called "colds in the head" due to climatic changes, micro organisms and unsanitary surroundings. We are well aware of the fact that in childhood the epithelial and lymphoid elements are prone to be affected by catarrhal and hyperplastic changes. Any or many of the above causes favor adenoid growths. Adenoids are most prone to develop during the course of infectious diseases, especially as sequelæ.

It is subject to similar processes to those which attack the faucial tonsils. Exceptionally they are attributed to heredity, but usually are

but one symptom of a general dyscrasia, the causes of which are manifold.

The power of absorption possessed by this tonsil certainly is to its detriment and its function of producing lymphoid cells is of little importance. In the exanthemata or infectious diseases where the nose is loaded with a contaminated toxic discharge and it absorbed by the tonsil, a complicating adenoiditis will surely occur with added systemic dangers. This form of adenoiditis is purely secondary to the acute disease and should not under any circumstances receive operative interference in its acute stage, but should be cleansed with an alkaline spray and a pigment applied, as *Tr. iodii compositus*. If the congested process becomes a hypertrophic process and still persists after the primary causative factors have subsided, then it may be dealt with as suggested under the treatment of hypertrophic pharyngeal tonsil. Syphilis, both congenital and acquired, may also cause adenoids and should receive treatment in the form of application of pigments and general specific medication.

Tuberculosis of this tonsil may occur in a latent form without macroscopical alterations, but showing histological tubercles on either side of the crypts of the tonsillar tissue.

There is one affection of this tonsil which I wish to draw your attention to which seems to receive little attention from the average physician and that is the acute inflammatory form. It is usually ushered in by a chill or spasm, followed by an increased temperature (101° - 103°), difficulty in breathing through the nose, followed by a thin watery discharge from the nose, later by a muco purulent discharge. This affection is often accompanied by an acute otitis media and may be the forerunner of a suppurative otitis media. Aconite and phytolacca with an alkaline spray generally cure this condition in five to six days.

We now come to that form of chronic hypertrophy of the pharyngeal tonsil commonly known as adenoids. I do not believe that the congenital theory of adenoids, that is chronic hypertrophy of the pharyngeal tonsil, can ever be accepted. I do believe that adenoids are generally due to the absorption of some infection or toxic material received from the nasal chambers or inspired air and rarely due to a constitutional affection of the glandular system, as syphilis or tuberculosis.

Kindly permit me a moment's digression. The pharyngeal tonsil is similar in structure to the faucial tonsil consisting of lymphoid tissue with numerous trabeculae and of the retiform connective type. We find two forms of enlargement of this tonsil, the soft and the hard variety. The soft variety is generally of a cyanotic or edematous form, due to constitutional disturbances, as intestinal, stomach or other derangements of the

system which produce venous stasis; this variety simulates intumescent rhinitis, which it generally accompanies. In this variety the child complains of obstruction to the nose breathing in the classroom at school, at night when asleep and in rooms which are poorly ventilated.

Symptoms: The nutrition of the patient and the climate in which he lives do not, of necessity, influence the symptoms. Very large adenoids exist with but few symptoms and *vice versa*. An expressionless face, discharge from the nose, nasal obstruction, mouth breathing, nocturnal incontinence, failing health, poorly nourished, intestinal disturbances, backward in studies at school, night terrors and enlarged glands of the neck, giving a symptom complex which demands a careful examination of the naso-pharynx, both anterhinoscopic and post-rhinoscopic. If the child is very young a digital examination may be necessary, but only on rare occasions as it is most painful to babies. A cough which resists the usual medication should call our attention to adenoids and in these cases we will sometimes see a thickropy secretion hanging down from the vault of the pharynx and little may we wonder why the child has a chronic cough. Probably a most frequent cause for the parent to bring the child to the physician is ear disease. I wish to call your most earnest attention to the positive fact that a large majority of ear troubles of childhood are blamable to acute and chronic enlargement of the pharyngeal tonsil and a careful examination of the vault of the pharynx should be made in all ear diseases.

Another symptom which calls the attention of the parent is nasal discharge. The pent up secretion which accumulates in the nose becomes stagnant and toxic and as the upper part of the pharynx is richly supplied by lymphatic vessels, draining into the lateral cervical glands, they become enlarged and sometimes acutely inflamed.

There is also a small inconstant retropharyngeal gland which, if present, lies directly against the vertebral column and in cases of infectious adenoiditis may become involved and give rise to that most deplorable disease of childhood, retropharyngeal abscess.

Generally the only symptom due to enlarged pharyngeal tonsil found in adults is that disagreeable so-called "post-nasal catarrh."

A thorough rhinoscopic or digital examination will prove conclusive.

Treatment: The treatment of acute adenoiditis and the secondary infectious forms have been referred to above. The obstructive and non-obstructive adenoids are a detriment to health, hearing, mental and physical development and should receive radical treatment. I believe there is only one treatment for chronic enlarged pharyngeal tonsil and that is surgical. Medicinal sprays and pigments have no place in the treatment of this variety. I may mention that the snare and galvanocautery have never succeeded in my hands, they are cumbersome and

unreliable. Adenectomy must be complete to be successful and the curette will accomplish all that is required for a complete operation. Personally I use the Brandedge forceps first, then finish with the curettes. These instruments in the hands of a novice are dangerous, as a prominent atlas may cause him to escape the adenoids on the downward sweep of the curette, or he may scrape away the lining membrane of the nasopharynx and anterior ligaments of the vertebral column in failing to take into consideration the anatomy of the vault of the pharynx, but a few trials on the cadaver and a careful study of the anatomy of the vault of the pharynx will suffice.

Some may say that the complete removal of the enlarged pharyngeal tonsil causes dryness of the vault. This I believe is greatly exaggerated and the dryness if it should occur is due to cicatrical tissue produced by the careless curetting of the mucous tissue lining the nasopharynx. An exception to the above may occur in atrophic pharyngitis, but in atrophic conditions I never remove the entire pharyngeal tonsil, as in these cases we wish to preserve as much secreting tissue as possible.

I believe the bad pathological process of this tonsil does harm and the good physiological function is of little benefit, therefore if an enlarged adenoid is present remove it.

The question of an anesthetic must lie with the case at hand. A nervous child or neurasthenic parents may cause us to favor anesthesia. If the physician is unfamiliar with adenectomy it is best to give an anesthetic. Personally I prefer to perform adenectomy without the aid of an anesthetic, either general or local, as the operation takes but a few minutes. Cocaine may cause secondary hemorrhage and chloroform is dangerous in these operations; ether is the safest or laughing gas is best if at hand.

The after treatment is most essential. The patient must receive tonics as nux, phytolacca, stillingia, iron, etc. Nutritious diet, as fresh eggs, milk and beef, plenty of fresh air, and cold water spongings with massage.

Attention should be paid to the wounded surface, and it should be cleaned every three hours with antiseptic sprays containing menthol and as healing progresses, antiseptic powder applied.—*The Eclectic Review.*

LIQUID ANTIBILIOUS PHYSIC.—In reply to Dr. H. H. Blankmeyer, of Honey Grove, Texas, who asks for a method of preparing a suitable "fluid antibilious physic," Prof. Lloyd contributes the following pharmaceutical note, which may also be desirable information for other readers of the GLEANER.

The subject of liquid antibilious physic is one that demands the study of drugs that physically are, to an extent, of opposite natures,

and this is intensified by the addition of any material like an aqueous elixir. The ingredients of antibilious physic carry resins, and volatile oils, and proximate organic structures soluble in water. These are antagonistic, alcohol will dissolve the oils and resins, water will dissolve the laxative constituents of senna, but precipitates the resin and oils. Syrup and an elixir containing water tend to increase the disturbance, consequently whilst it is possible for a physician to make a mixture of the liquid ingredients that go to form antibilious physic, that in his own hands will not be objectionable, because he will overlook the unsightliness of the mixture, a pharmaceutical preparation of the same nature, designed for general distribution, will be severely criticized by the consumer. To filter such a mixture is to remove many of the most valuable constituents. To present it to the physician in an unsightly appearance is to receive uncouthed criticism from all doctors. It will be found that a mixture of reliable liquid representatives of senna, jalap and ginger, with syrup elixir and bitartrate of potassium, if the mixture be shaken every time the dose is taken, will carry the full value of the individual drugs, but if the fluids are properly made and carry their individual drug constituents, such a mixture will precipitate immediately and remain unsightly. By working drugs together from the start, such changes will often be retarded, but not altogether, and it is generally found that with compounds of this nature, owing to different degrees of tension in which the constituents are held by a solvent that is not adapted to any one constituent, precipitation gradually follows, as a scientific study of the case indicates should be the result. For this reason I would suggest that if the liquid ingredients representing these drugs be mixed extemporaneously, the mixture be shaken well before each dose is taken.

WATER ANESTHESIA.—Gant (*N. Y. Medical Journal*, January 23, '04), has found the hypodermic injection of sterile water an efficient local anesthetic in more than 150 cases, using it in anal fissures, polypi, hemorrhoids, fistulæ, abscesses, division of sphincter, colostomy and exploratory laparotomy. The sensory nerves are obtunded by over-distension of the tissues.

Technique—Deaden the skin by pinching it before inserting needle. Introduce the needle between the layers of the skin and inject a few drops of water until a small wheal is produced, repeating this process along the line of incision, as in Schleich's method. Then the subcutaneous tissues are injected through this line until a firm whitish swelling about as thick and wide as the index finger is produced, when, if the procedure has been properly carried out, anesthesia is complete. The water may be hot or cold, preferably warm.—*Detroit Medical Journal*.

SEA-BATHING.—The custom of making an annual visitation to the seashore is one the wisdom of which may find its justification in the antiquity of the pursuit. Habits long ingrained in a race become strangely persistent, but the survival of them, like everything else, ultimately depends on the relative welfare to the organism. It is therefore reasonable to suppose that the annual sojourn at the seashore would not have been so popular and general had not its advantages at least been demonstrated in the crucible of experience.

What has modern medical science to say of the benefits accruing from marine climates and sea-bathing? Certain facts are at least well known. The air at the seashore is at its maximum density and barometric pressure is the highest. There micro-organisms are in fewer numbers than inland. The surrounding temperature is more uniform. Winds are more frequent and more violent. The air is richer in ozone. The humidity is greater and rains are more frequent. Sunlight is more intense and possesses certain special characteristics; while it is deprived of part of its heat rays, it has more of the luminous and chemical rays.

All these qualities have a bearing upon the seaside sojourner. The thermic stability has a sedative effect and the lack of micro-organisms is of distinct value. The increased barometric pressure and increased richness of oxygen, double that of ordinary air, do not however appear to have any marked influence on nutritive exchanges.

According to Robin and Binet, at the seashore the production of carbon dioxide increases and the intake of oxygen is increased. Urea increases in production, but uric acid diminishes. The sulphates and chlorides do not vary perceptibly. These observers do not notice that any changes take place in healthy people from prolonged sojourn by the seashore. The organic exchanges are stimulated in only seventy-five per cent of cases, and it seems probable that the first stimulating effects are attenuated as people become acclimatized.

Considered solely from the standpoint of the organic interchanges sojourn at the seaside should be limited to anemic, lymphatic, or scrofulous patients, to neurasthenics with impaired digestion, and to all those individuals in whom it is desirable to accelerate organic metamorphosis. The tubercular should not be sent to the seashore, because they already exhibit superactivity in tissue metamorphosis.

Much more marked than the effects of marine climate are those of sea-bathing, which are indicated in all the conditions in which it is wise to stimulate retrograde changes and procure elimination. In the anemic, the chlorotic, in tubercular diseases of bone or gland, in cases of obesity in which azotate oxidation is diminished, in gastro-intestinal intoxications, in the dyspepsias, in neurasthenia, and in certain cases

of diabetes in which the azotate exchanges are diminished—in all these sea-bathing will fulfil certain therapeutic indications.

In noting the effects of sea-bathing individually on the organic interchanges the scope of sea-bathing can of course be extended, but it is only by doing this its indications and contra-indications can be scientifically established.—*Dr. Frederick W. Mann in the Medical Age.*

THE REMOVAL OF GROWTHS UPON THE SKIN.—*Warts.*: The verruca are the most common of disfiguring skin lesions. More common in children, they may be found at any age and in any location. They are prone to appear on the hands. Every physician is familiar with their appearance, and it is only rarely that a case may present features which render diagnosis difficult. They may be flat, filiform, or branched; and about the genitalia may present widely varying characteristics. Excepting the genital wart, I remove them most easily by applying glacial acetic acid several times a day. The patient is given a small vial of the acid and instructed to apply a drop on the end of a stick three times a day, avoiding enough being used to permit it touching the healthy skin. If the wart should become inflamed, he is instructed to suspend applications for forty-eight hours, or until the inflammation subsides. The wart goes, I have a satisfied patient, and he tells his friends about it, and he returns when again needing a physician. The venereal wart only differs from the ordinary form because of moisture, irritation, or compression. It is best treated by cleanliness, mild antiseptics, and drying powders; but if single, small, or filiform, may be clipped off with scissors or bistoury, and dusted with calomel, iodoform, or boric acid.

Moles.: The ladies are our best patients when moles are considered; and we always give them due attention. The nevus pigmentosus may appear on any part of the body, or it may be congenital. The laity generally ignore them unless they appear on face, neck, arms, or breast. Most patients will suffer their presence for years through fear of "cancer developing" if anything is done toward removal. While they may be safely removed by electrolysis or excision, we have always preferred to treat them exactly as we treat warts. We always get good results, without a scar.

Freckles.: Lentigo is familiar to the profession and laity. Blondes are more susceptible than brunettes. It may attack any portion of the body, but generally selects unprotected parts; sunlight may influence its appearance, but is generally over-estimated as an exciting cause. They may be removed, but they generally return. We dispose of them by having the patient use the following lotion twice a day: Hydrarg. chlor. cor., gr. iv; alcoholis, aqua distil, $\frac{aa}{a}$ q. s. ad. $\frac{3}{4}$ iv. The favorite plan of the laity in rubbing a freshly cut lemon on the spots just before retiring is not to be ignored.

Liver Spots: Chloasma may affect any grown man or woman. Care is exercised lest one may fail to distinguish between chloasma and tinea versicolor. Prone to appear in pregnancy, any one may have them. They are annoying and disfiguring. They are often obstinate, but I have had good success with the following prescription applied twice a day: R. Zinci oxidi, gr. iiij; hydrarg. ammoniat., gr. iiii; ol. theobrom., ol. ricini, $\ddot{a}\ddot{a}$ fl. 3 iiss; ess. rosae, gtt. x. Misce et signa: Apply night and morning as directed.

If the emunctories are kept active, this will remove most "liver spots," if the treatment is persisted in for sufficient time. In obstinate cases one may remember that the discoloration of the cuticle is the result of an irritant, and that this irritant may be external or internal, and that one may learn the cause by careful investigation. Once the cause is known one may act more intelligently. We always inquire carefully regarding possible external irritants, and we look out for malaria and Addison's disease, and complete our examination by ascertaining the condition of uterus as regards endometritis, pregnancy, tumors, etc. If you find the cause, a little thought will enable you to dispose of the "liver spots" to your own and the patient's satisfaction.

Lichen pilaris: Keratosis pilaris are small papular elevations surrounding the hair follicles, and are a true hypertrophy of the epidermis. The elevations are dirty grey in color, and each is pierced in the center by a hair. It occasionally causes some itching, but only the most aggravated cases present evidence of inflammation. Frequent bathing in hot water, with abundance of good soap, followed by vigorous friction of the skin with a rough bath towel, and the final application of vaselin or other simple ointment will bring about a rapid cure. The disease is the result of filth. It is prone to attack the extensor surfaces of the arms and legs, but may appear on any part of the body.

Corns: Clavus spares few adults. Most common on the feet, they may appear on any portion of the body as a result of long continued irritation. The so-called soft corn is but the ordinary corn macerated by continuous perspiration. The source of irritation must first be removed. If great inflammation be present, we keep a piece of lint around or on the corn, soaked with linseed (flaxseed) oil, day and night till all soreness is gone; then we apply the following, night and morning for several days; then soak the corn in hot water for a few moments and it readily separates from the sound skin and may be picked out. One course does not cure, and the application is repeated till there is no longer any hardening of the epidermis, when properly fitting shoes or removal of irritation will permit the skin to assume a healthy condition. The application is made up as follows: Salicylic acid, gr. xxx; tinct. iodin, minimis x; ext. cannabis indica, grs. x; collodion, 3 iv. Cutaneous

horns result from hypertrophy of the epidermis, and are found on face, scalp, or penis; they are most common in the aged. They are easily cured by excision and cauterization of the base with carbolic acid.

Hirsutes: Excessive growth of hair may disfigure the face or form, and ladies are often anxious to part company with such growths. The hair may be removed temporarily by applying hydrated calcium sulphide as a thick paste allowing it to remain until the hair is dissolved or irritation is complained of; three to twenty minutes may be required, the skin is then sponged clean and annointed with lanolin. The hair soon grows again, but if the applications be repeated often enough, occasionally one secures entire destruction of the follicle. Electrolysis is only practicable for small areas, and frequently the destroyed follicle causes an atrophy of the cuticle, with a consequent depression in the skin, which serves as a lodging place for perspiration and dirt, and the after condition of the patient with permanent "black-heads" is worse than the first. Simple epilation is the most reliable method. It takes time, but is not very painful when properly performed. Each individual hair is firmly grasped close to the skin by small forceps and quickly removed by a jerk.

Birth marks: Angioma are common. If not on an exposed portion of the body, few patients give them much consideration. If small, they may be readily removed by ligation by the subcutaneous method; by electrolysis; by excision; or by the repeated use of caustics. It is not practicable to remove a large birth mark; often the resultant scar and the possible contraction of the subcutaneous tissues leaves a worse disfigurement than before. The small birth mark may be removed by repeated applications of silver nitrate, tinc. of iodin, or caustic potassa; so soon as the eschar separates another application is made. It is better to employ operative procedures in the larger varieties.

Wrinkles may be obliterated by regular and persistent massage of the affected skin with cod-liver oil or lanolin. Use the index finger, and with a stroking motion exert considerable pressure along the long axis of the wrinkle. Use the selected unguent freely. Applications are best made before retiring, and as the lubricants are harmless, may be continued at the discretion of the patient. Usually five minutes' daily inunction will result in rapid cure.—*A. L. Russell, M. D., in the Medical World.*

JAPANESE MILITARY SURGERY.—It must be gratifying to us Americans who took so prominent a part in the introduction of western civilization into Japan that the Japanese have made such rapid and thorough progress, and in many of the arts and sciences have attained a position second to none of the civilized nations.

The present Russo Japanese war has already demonstrated that the

Japanese are not only equal to the enemy in the art of warfare, but surpass them in the completeness of their sanitary arrangements and the thorough organization of their hospital service. One cannot fail to be impressed with the fact that military surgery in Japan is fully up to the modern standard on reading an article by Dr. Wada, a surgeon in the Japanese fleet, who, in the *Deutsche medicinische Wochenschrift*, July 7, 1904, gives an interesting description of the wounded Russians coming under his care after the battle of Chemulpo. Most of the wounds were inflicted by shells from the Japanese battleships, the injured having been previously picked up and treated in a French cruiser, and later transferred to the Japanese floating Red Cross hospital.

From Dr. Wada's account, it would appear that their previous treatment was anything but humane, and he mentions particularly that the wounds had suppurated or had become gangrenous and diffused a repulsive odor, reminding one of pre antiseptic times. In most cases the fragments of shell had been previously extracted, but in some an operation was necessary for their removal. Although the penetrating and non-penetrating wounds of the extremities were complicated with fractures, in only one instance was a small fragment of shell imbedded in the bone.

It is interesting to briefly refer to the treatment as practiced in the Japanese hospital. The chief dressing used was dry sterilized gauze, while for gangrenous wounds gauze soaked in carbolic solution was employed, the dressings being changed several times daily. Irrigation with fluid antiseptics was necessary only in one case; and in the others it was replaced by cleansing with moist carbolic gauze. For fractures splints of pasteboard were ordinarily employed, and plaster dressings dispensed with as much as possible in order to afford better drainage for the wound secretions.

It is to the credit of Japanese surgery that most of the wounded recovered, although amputation was necessary in some cases in which there had been a great loss of substance and laceration of large blood vessels. Dr. Wada makes one suggestion which well exemplifies the cleanliness of the Japanese, and that is, that it would be a wise precaution if the crews of men-of-war would bathe and change their clothing before a battle, and if their apparel were previously sterilized with steam or other means. This, if practical, would certainly reduce the chances of infection of wounds.—*International Journal of Surgery.*

PHYSIOLOGICAL ACTION AND MORBID EFFECTS OF COAL-TAR PRODUCTS IN FEVER.—Sajous (*Monthly Cyclopedia of Practical Medicine*, May, '04), shows that fever is physiologically the result of the efforts of the system to rid itself of microorganisms and their toxins, and that the

coal-tar products of which antipyrin is mentioned as the type, materially inhibit this process, for the following reasons:

1. Antipyrin promptly causes marked vasoconstriction.

2. The vasoconstriction, both of the arteries and veins, may be sufficiently marked to obstruct the circulation in, and cause engorgement of, the capillaries.

3. Very large doses, small doses too frequently repeated, or small doses in subjects whose adrenal system is abnormally sensitive may cause sufficient vasoconstriction of the arteries and veins to greatly reduce their caliber. The arterial blood in the capillaries is then exposed to the reducing action of the surrounding tissues sufficiently long to become transformed into venous blood, thus causing cyanosis.

4. When the adrenal system is unable, owing to congenital, acquired, or temporary susceptibility, or an organic lesion of either of its component parts, to withstand the violent stimulation to which antipyrin subjects it, the functions of the adrenals may suddenly cease under the influence of even small doses of the drug, and the symptoms of adrenal failure appear.

5. Antipyrin, in the stage of depression, reduces the temperature by causing adrenal insufficiency. The resulting dilatation of the great central vascular trunks causes depletion of the peripheral capillaries, and the internal temperature is thus raised, while that of the surface is lowered.

6. Antipyrin should not be used during toxemias, especially when fever is present. It only acts as an antipyretic by causing excessive hyperemia of the adrenals—a condition exposing the patient to general collapse, even when small doses are administered.—*Detroit Medical Journal.*

SURGERY OF HYDROCEPHALUS—B. Merrill Rickets (*American Medicine*, June 18, 1904,) says that excessive secretion of the cerebral meninges may occur in any form of animal life. The various forms of vegetable life are subject to excessive local or general secretion to a fatal degree. Hydrocephalus, ventricular or meningeal, may develop *in utero* or at any time throughout infant or adult life.

The cases of spontaneous recovery are probably numerous, especially in infant life, in which the arachnoid is alone involved.

All cavities may unite, with or without external rupture; when so it is usually fatal, not necessarily instantly so.

Spontaneous rupture may occur externally or subcutaneously, with an occasional recovery.

The effusion may be into the lateral, third, or fourth ventricle, or it may be in the arachnoid or subarachnoid cavity, one or all.

A clot in the arachnoid may cause a cyst, which will enlarge, with all its consequences.

Syphilis, tuberculosis, and rickets have been assigned as causes of hydrocephalus, but such have never been proved; the cause is yet unknown.

Sometimes zones of new osseous material are scattered here and there in the meninges, and sometimes upon or in the brain substance.

The septum lucidum is invariably thickened, as are the cerebral meninges in general.

Probably the greater number of cases of early hydrocephalus, whether of the third, fourth, fifth, or lateral ventricle, or of the arachnoid variety, can be cured by some form of drainage.

Continued drainage by seton or by the repeated use of the trocar has given the best results in the way of benefit or cure.

Spinal drainage has been practiced in a very limited degree, and its value is as yet undetermined.

Subcutaneous drainage has not resulted in a cure, but there seem to be many possibilities for this method.

Trephining for drainage is only resorted to in cases in which the fontanelles have been closed by bony union.

Results from drainage are more favorable if done when presence of fluid is first detected.

It is sometimes necessary to drain both hemispheres, together with the right and left cerebellar cavity.

The secret of curing arachnoid hydrocephalus by drainage probably lies in obliterating the arachnoid cavity. However, this can be done with hydrocephalus of the third, fourth, and fifth ventricle variety.

The cardinal principle in this, as in all operations upon the brain, is asepsis.—*The Medical Age.*

BABY'S BOWELS.—The care of the baby is an important matter. What to do and what not to do, requires intelligence. The general condition of the baby's bowels is constipation. A baby's bowels should move twice a day, and regular habits should be established. The morning movement before the bath and evening after feeding, preparatory to bed.

If baby's bowels do not move naturally, the nurse or mother, should vaseline the tip of the index finger and irritate the rectum, which usually produces an evacuation, or a suppository of castile soap may be introduced into the rectum, in place of the finger.

The color of the stools should be yellowish, pasty in consistence, and acid in reaction. Any deviation from this shows a wrong in diet, or hygiene. We have green, brown, light gray, mucous, and jelly-like

stools; each having its own significance and requiring a change in diet rather than medication.

Green stools are not always acid, in fact they are mostly alkaline. A baby given bicarbonate of soda for several days will have green passages. Dilute hydrochloric acid corrects the condition.

Brown, or muddy stools may be from colitis, or from animal diet, while the baby is too young for such food.

The light gray stools are an evidence of a deficiency of bile and an excess of fat. The treatment should be towards correcting these wrongs. Where mucus is always present in the discharges, an excess means an inflammatory condition. The jelly-like stools are owing to inflammation of the colon, or rectum.

All these conditions may be corrected without medicine, if the proper food and the proper proportion is given. The infant should have little or no medicine. Diet and hygiene should correct—will almost invariably correct the wrongs of childhood.—*D. MacLean, M.D., in California Medical Journal.*

SURGICAL HINTS.—A very bad intestinal colic may simulate an attack of peritonitis. In the first you can move the abdominal wall over the intestinal mass, whereas in the second the wall is rigid.

Beware of small sponging pads in big operations. The larger the sponge the more quickly you can remove blood and discharges and the less chance there is of leaving one behind in a cavity.

Remember that after intubation the patients are usually able to swallow semi-solid food, such as soft boiled eggs and mush, more easily than fluids, and that they can always be fed most easily with the head lower than the body.

It is during the period of reaction from shock that secondary hemorrhage is to be feared. In order to prevent it tie all vessels that have been severed even if they are not bleeding, use reasonable pressure through your dressing, and inspect often.

In all excisions of joints except that of the knee we desire to obtain a pseudarthrosis. The best false joint will be the one in which the surrounding structures, and especially the muscles and tendons, have been least interfered with, and this consideration should always guide us during the operation.

In bad compound fractures the question of amputation depends on the danger of gangrene, the existence of uncontrollable suppuration, or extensive loss of bone. A limb may be cold and pulseless, but unless it presents other signs of death it should be antiseptically treated and kept warm in order to see whether the circulation may not return.

If the symptoms of an appendicitis occurring, to the best of our

knowledge, for the first time, are such that it is seen that the attack is a sharp and highly infectious one, operation within the first hour will give excellent results, because in nearly every case the inflammation is still limited to the wall of the appendix. Later on it will have spread more widely and will have increased the danger.—*International Journal of Surgery.*

MEDICAL LAW FOR INDIAN TERRITORY.—Shortly before adjournment Congress passed a law regulating the practice of medicine in Indian Territory. No one is allowed to practice without being registered in the office of the clerk of the United States Court in the District. One desiring to practice must present his or her diploma to the board of examiners (appointed by the judges in the several districts) for the district. If the diploma is approved by the board, registry may be obtained without examination. No diploma issued after July 1, 1904 will be accepted, unless it has been granted by a college requiring a preliminary examination and a four-years' course of medical study. In the absence of a diploma or the possession of one not approved by the board an examination will be required.—*The Medical Age.*

DRUG ERUPTIONS.—Pernet (*British Medical Journal*, May 16, 1903), divides drug eruptions into nine classes: (1) Erythematous, urticarial, papular and desquamating rashes are produced by belladonna, chrysarobin, mercury, arsenic, iodoform, copaiba, quinine, salacin and borax. (2) Vesicular and bullous eruptions are produced by the majority of the drugs already mentioned, particularly by iodoform, salipyrine, arsenic, potassium iodide and antipyrine. (3) Pustular eruptions are produced by the bromides and the iodides. (4) Furuncles may be produced by arsenic, the bromides and quinine. Abscesses may be due to self-administered hypodermic injections of morphine. (5) Purpuric rashes may be due to antipyrine, arsenic, iodoform when given internally, quinine and sulphonal. (6) Gangrene sometimes follows the use of arsenic, the iodides, quinine and orthoform when applied locally. Purpura has followed the use of sodium salicylate. (7) Pigmentation may follow the use of arsenic, antipyrine and silver nitrate. (8) Keratosis and hyperkeratosis have been known to result from the use of arsenic. (9) Tumor like lesions are especially prone to occur in the bromide eruptions.—*The Coca Leaf.*

THE date at which the rashes appear in the various diseases is as follows: Typhoid fever, seventh to ninth day; typhus fever, fourth or fifth day; smallpox, third or fourth day; measles, third or fourth day; scarlatina, first or second day.—*Medical Summary.*

THE "TAPOTAGE" SIGN OF TUBERCULAR CAVITY IN LUNGS.—Erni applies this term, "*tapotage*," which means tapping or slapping, to describe the reaction which he has found almost pathognomonic of a tuberculous cavity in the lungs. He percusses the chest over the apex of the lungs, using for the purpose a flexible knife—a silver paper-cutter—weighing about 100 grammes. The blade is taken in the fingers and the chest is tapped with the handle, no force being applied, but merely the elasticity of the knife doing the percussion. The handle rebounds as it touches the chest wall. This light percussion produces no effect over normal parts, but when there is a cavity beneath, the percussion causes the subject to cough immediately and expectorate, all in less than a minute. If the same point is percussed several times an ecchymosis forms if there is a cavity beneath, but not otherwise. The cough and expectoration with which the cavity reacts to the percussion have therapeutic value, as they clear it out. The amount of sputa expelled is also an indication of the size of the cavity. Erni has been studying this sign for nine years and has always found it positive when there was a cavity located near the surface. He has also found this knife percussion an important aid in clearing out a cavity. The sputa become mucous and then dry up entirely as the cavity heals after evacuation; the walls become thicker and the *tapotage* sign can then no longer be elicited.—*Med. Standard.*

AFTER LABOR.—It is not enough that the accoucheur see that the mother passes through the ordeal of labor without losing her life. If possible, which is not always so, he should have direction of her for the next few months, in order to prevent a sub-involution, or reimpregnation before her system is in the proper condition to bear it.

To be more practical, I will return to giving the nurse directions concerning the management of the puerperium. After the mother has been cleared, if there has been a hard labor, and she much fatigued, I put on an abdominal bandage that will reach from the upper part of the abdomen to below the greater trochanters. I regulate this to suit the comfort of the patient. This remains only a few days. To be constant in its application of many days favors sub-involution by obstructing the flow of blood through the uterus and also favors mal-positions by pressing the womb out of position.

The bowels should be moved next day by cascara or castor oil, and the bladder made to discharge its contents within six or eight hours. This occasionally needs attention called to it, as the soft parts are sore, swollen, and not infrequently numb, so as not to excite evacuation, thus allowing an accumulation of urine. After calling attention and placing her over a vessel containing hot water, if results are not

obtained, five-drop doses of specific apis have always been successful in my hands.

If she is not too weak, I direct that the mother be raised up and the chamber placed under her when attending the calls of nature. This allows free drainage from the vagina and womb, which oftentimes brings away blood clots that have been keeping up afterpains. If this is not successful in controlling the latter, after bringing away all that can be reached by the digits, I give a combination of specific macrotys, black haw and belladonna. I invariably leave ergot to give in case of hemorrhage. While not absolutely necessary in all cases, it is safe practice. I direct a frequent change of position, which I count of inestimable value. It rests the patient and promotes better circulation. The usual diet is kept up, only slightly restricted. If there has been an exhaustive labor I would be governed the same as in any other sickness where there is debility.

Should the nipples show any irritation they must be cleansed with some antiseptic solution after each nursing. The breasts should be carefully watched and the milk not allowed to accumulate. Use the breast pump freely if the baby can not take it all. At the same time if pain and inflamed lobes appear, use the following:

R Echafolta, $\frac{3}{4}$ iv; glycerine, $\frac{3}{4}$ i; extract of hamamelis q. s. ad., $\frac{3}{4}$ iv.
M. Sig.—Keep the parts constantly moist with it.

If this does not check it and fever rises, control that, for in this measure will the mastitis be controlled. Should this not be effective, add one to two drams of specific belladonna and do not allow nursing from this breast, but use the breast pump vigorously. Suspend the inflamed organ from the first appearance of the difficulty. This treatment properly applied has never failed in my practice to prevent the use of the knife.

I do not enjoin nine days in bed, but urge plenty of time. A few days spent in bed over the old allotted time may mean as many months out of bed later on, should she have gotten up by the old schedule. If after being up, with all appearances of being well, the discharge or lochia appears a bright red color, put her back to bed and give her ergot and macrotys, or whatever is indicated. Involution has not taken place completely and she needs more rest, judicious treatment, and proper feeding. I forgot to say in proper place that I always inquire after the lochia and never let it remain long checked. Warm applications to the vulva, hot vaginal douching, and specific medication keep it normal.

How long should a doctor remain with the patient is a question that has occurred to the minds of all young physicians. Some say stay as long as the pulse is over 100 per minute. This is not absolutely

essential should every other feature be correct. The doctor should at least be a judge of the situation, i. e., of human ills and vagaries of the obstetrical chamber to be able to settle it for himself. She should be out of danger, is the "whole thing in a nutshell."

The routine vaginal douching is something I am not guilty of, and see no need of interfering with human nature when she is doing her work properly. Should putrid odors occur, I direct a hot carbolized vaginal wash often enough to destroy this.

As stated in the outset, the doctor should have the proper oversight of the mother for two or three months to assist in overcoming the puerperal state, and let the womb return to its normal size and condition.

Coitus and fatiguing work should be interdicted for a few months, together with all other excitement. If this is not done sub-involution may be the result, and the family physician is now brought face to face with a difficulty he might have prevented, which in many cases he can not cure. The gynecologist is next consulted, seldom with satisfactory results. The after-labor period cannot be too closely guarded; reparation should be complete and unmolested; the future welfare of the family depends upon it.—*Jason Tyson, Jr., M. D., Santa Anna, Texas, in Chicago Medical Times.*

SELF POISONING.—The study of ptomain poisoning shows what a prolific cause of disease exists in the development of poisons in the human system and how often death is the result, frequently sudden and unaccounted for from the chemical changes which are constantly taking place in the body owing to a failure in the selection of proper food and the observation of correct hygienic rules. In view of the fact that food materials in the process of digestion are frequently changed into active poisons which produce painful and often fatal results as they locate in different parts of the system, the first step of the physician should be to keep in action the great organs of elimination through the channels by which the work can best be accomplished.

La Science Illustré in speaking of these poisonous alkaloids, ptomaines, etc., says: "A false doctrine long in favor during the greater part of the last century, attributed to plants alone the power of producing the alkaloids, those nitrogenized poisons which often have fatal effects on the organism even in slight traces. Owing to this idea in each medico-legal analysis where a poison of this nature was in evidence, the expert invariably concluded that it had been criminally administered. How many innocent persons paid for this rash and incorrect inference with their lives we do not know.

"It has been demonstrated that in the course of the putrefaction of the tissues small quantities of alkaloids are formed. The chemical methods of extracting these substances are very complex, the toxic compounds being literally drowned in great quantities of water ammonia, skatol, indol, etc. The best way is to utilize their solubility in chloroform and the facility with which they form compounds that are soluble with difficulty in platinum chlorid. The cadaveric poisons or ptomaines are basic bodies having sometimes the odor of the putrefaction, sometimes the soft perfume of flowers; they are of the nature of venoms and produce on the organism an action as prompt and violent as the poison of the cobra.

"Their origin is entirely in the putrefaction of albuminoid bodies (albumin, white of egg, gelatine, etc.); putrefied cheese furnishes a similar example. These facts explain the numerous cases of poisoning with canned foods, cheese, etc.; the formation of these poisons is prevented by the use of antiseptics, which oppose the development of bacteria, the necessary agents of putrefaction.

"Carrying these researches still further, M. Gauthier has studied the formation of ptomaines in the excreta of the living animals. Every one knows the disordered state produced in the living being by the accumulation of matter that should be eliminated. In urine, in the muscles, etc., poisons were isolated, to which the name leucomains was given. Injected into the veins these toxic agents have a special action on the nerve centers, producing sleepiness and fatigue—the symptoms observed at the end of a period of high living.

"A tired man is simply poisoned by his leucomains; when these have been eliminated the muscles become supple again. The custom observed by butchers, never to kill a tired animal, is a consequence of the same facts. The discovery of ptomaines and leucomains has thrown new light on the working of the organism; whenever the organs are in pain and work badly these poisons are forming, and by their localization in the tissues give rise to fatigue, cramps and fever, sad companions of all disease."—*The Medical Times*.

A COMPARISON OF SOME HEART REMEDIES.—*Strophanthus* is advised in doses of seven or eight drops, three times a day, in the treatment of alcoholism when there is evidence of a weak heart. In ten-drop doses it is given in the treatment of goiter and exophthalmic goiter. Its influence is upon the muscular fiber of the heart, producing irritation and contraction. It is of some value in the treatment of dilated heart, but as it does not improve the nutrition of the heart or act upon the central nervous system, it should be given in conjunction with *cactus*

or *avena sativa*. In extremely dilated cases it may be combined with *crataegus* in small doses.

Where there is nervous irritability with the above symptoms, a happy combination may be made with *gelsemium*. If there is chronic stomach trouble, acid gastritis, or evidence of other hyper-acid conditions, the bromide of strontium may be given to good advantage.

Cactus is demanded when the heart is weak, when there is general feebleness and lack of tone, and where the nutrition of the heart is at fault. It is an excellent general tonic as well as a direct heart tonic. It improves the nutrition of the heart at once. I have observed in many cases the entire disappearance of regurgitant murmurs after the use of the *cactus* in feeble hearts. It need not be given in large doses, although I have observed no toxic effects.

Crataegus is of value in feeble hearts where there is a tendency to atheromatous degeneration. I have found it of immediate service in those suddenly occurring cases of apparent heart trouble in young women—those of a nervous temperament, highly excitable, and easily over-wrought. When nervous exhaustion is complete in these I have obtained the most gratifying results from *crataegus*, arsenite of strychnine, concentrated nutrition and enforced rest.

Convallaria is a valuable heart remedy when its exact indications are present. Its regulates the heart when irritated by reflex causes. It influences the size of the pulse and diminishes the number of beats, increases blood pressure, and consequently the arterial tension. It removes dyspnœa and produces regular, natural and easy respiration followed by a general sense of well being. It causes the patient to feel better when given for dilatation of the heart, fatty degeneration or hydro-pericardium, even when the exact conditions are not permanently improved. It improves the condition of the stomach, soothes nervous irritation and conduces to tranquil sleep.—*The Chicago Medical Times*.

THE DISCUSSION OF MEDICAL QUESTIONS WITH LAYMEN.—Medical men will do well to avoid prolonged discussion of physiologic problems, such as those relating to the use of alcohol and tobacco, with persons who lack proper scientific training. The same advice is also applicable to the vivisection question. Dr. Oliver Wendell Holmes condenses his own philosophy in not being drawn into these affairs, in the professor's "hydrostatic paradox of controversy":

"You know that if you had a bent tube, one arm of which was the size of a pipestem and the other big enough to hold the ocean, water would stand at the same height in one as in the other. Controversy equalizes fools and wise men in the same way—and the fools know it."—*Medical Book News*.

NOTES.

PROFESSOR W. B. CHURCH.—Dr. Sloan who was elected to the Chair of Didactic Surgery in the Eclectic Medical Institute last April was unable to accept the position, and it affords us pleasure to state that the Trustees have selected William B. Church, M. D., of Michigan for the position. Dr. Church is a graduate of the E. M. I., class of 1866, has been in constant practice and is a surgeon of national reputation. For nearly ten years he occupied one or more important chairs in the California Medical College at San Francisco, and is an experienced teacher. He comes to this Institute with the strongest expressions of confidence and good wishes from his colleagues of that Institution.

THAT the resources and riches of the contents of the Lloyd Library, from which the GLEANER will be issued in the future, may be presented to those desiring to pursue special studies, no apology will be offered by the editor for referring to some special work done therein during the past month.

In order to complete the list of available books and pamphlets of subjects pertaining to plants, and particularly such data as is needed in the United States Agricultural Department, Mr. P. B. Ricker, of the Bureau of Plant Industry, spent several days in the Library, making bibliographical lists in order to know where in the United States such works as are not possessed by the governmental libraries may be found when desired for specialists' needs. Mr. Ricker is also associated with Prof. W. A. Kellerman, of the Ohio State University, in compiling data on the New Genera of Fungi, now being published in the *Journal of Mycology*.

In the near future will occur the fiftieth anniversary of the *Drugists' Circular*. In order to issue an historical anniversary number the Oil and Paint Convention sent a special delegate to the Lloyd Library to gather data concerning the organizations and first officers of the various state pharmaceutical societies in the United States. In no other place in America could such data be obtained, and the valuable collection of pharmaceutical journals were cheerfully placed at the disposal of the investigator. The Library invites this kind of investigations and every courtesy, without money and without price, will be shown earnest toilers in scientific research by the librarian, Mr. Wm. Holden.

THE GLEANER offers the right hand of fellowship and congratulations to Dr. Charles Gregory Smith, of Cincinnati, upon his deserved election to the Presidency of the Ohio State Eclectic Medical Association. It is an honor to be thus distinguished, for there is no more active nor stronger State Society in our school than has been built up and fostered in Ohio. Dr. Smith has been further honored by his *alma mater*, which has made him her Professor of Chemistry and Toxicology.

THE GLEANER shares in the sorrow of the classmates and family of our bright young friend, Dr. Robert Mac Stephenson, of Springfield, Ohio, who died suddenly of pulmonary hemorrhage, July 1st. In January of 1903 he contracted la grippe, which left him in feeble health, for which he sought relief in the milder climate of Phoenix, Arizona, and San Diego, Cal., but to no purpose. Dr. Stephenson is remembered by his teachers and fellow classmates of the Eclectic Medical Institute, from which he graduated in 1903 as an industrious and painstaking student, who gave promise of a successful career and the making of a finished physician of whom eclecticism might be proud. He had spent several years in Wittenberg College; was the grandson of the pioneer eclectic teacher, Dr. Alexander Holmes Baldridge, and a nephew of Dr. J. T. McLaughlin, of Springfield. Dr. Stephenson had but just rounded a quarter century. His close friend, Dr. Charles W. Beaman, of Columbus, Ohio, has contributed the following loving tribute to his friend and brother in T. A. E.

IN MEMORIAM.

Our friend is gone; our Brother dead.
He, who, but yesterday seemed so strong,
And with magnetic nature would have led
His fellows to a higher goal,
Now sleeps in peace, to rise no more,
Until awakened like the rest, by that last great
And we, who linger yet awhile, [trumpet call].
Must bear aloft the standard that he bore,
And fight the fight he would have fought,
That he, in us, though dead, might live for evermore.

AMONG those, who, during the summer, have passed among from the living, none stood more conspicuous in medical circles in America than Dr. Nathan Smith Davis, of Chicago. Born in 1817, in a log cabin, and receiving the common preliminary education of the early days, he subsequently graduated from the College of Physicians and Surgeons at Fairfield, N. Y., in 1837. In 1847 he located in New York City, and from that time to the day of his death he was among the leaders of medical thought in this country and prominent in the organization of colleges and societies. Dr. Davis was deeply interested in promoting temperance education among those prone to prescribe alcoholics too freely. His long professional career of nearly seventy years was coincident with the most of the progress that has marked American medicine.

AMONG the members of the medical profession in foreign countries who have recently died are Dr. Camille Miot, of Paris, one of the pioneers of otology in France, and author of numerous writings on

subjects pertaining to that department of medical practice, aged sixty-six; Dr. Francois Jouon, Professor of Anatomy in the Medical School of Nantes; and Dr. C. Rouget, Emeritus Professor of Physiology in the University of Montpellier.—*The Medical Age.*

THE first number of the *Los Angeles Journal of Eclectic Medicine*, O. C. Welbourne, M. D., Editor, is now out. Get the earliest issue and keep on getting the journal, for it is bound to be a good one. We need all the good periodical literature we can get, and after a while you will wish you had the first number to complete your files. Write the business manager, Dr. M. B. Ketchum, Lankershim Building, Los Angeles, Cal., for a copy. Better yet, help the cause by inclosing \$1.00. The GLEANER sends its heartiest congratulations and best wishes for the success of the new periodical.

Dr. P. E. Decatur, E. M. I., '04, has changed his location from Grant to Marseilles, Ohio, where he is succeeding with flattering prospects. Another good student who will make a good doctor.

Dr. Thomas F. Collins, E. M. I., '04 has just passed the Pennsylvania State Board Examination with the high average of 89 per cent. This is not surprising to those who watched the doctor's studious career while in college. He is located at Jackson Centre, Pa. He informs us that there is an erroneous impression, that so many of the Eclectic Medical Institute men pass with high grades because the eclectic portion of the Board is composed of E. M. I. alumni. This is not true, for but three out of the seven, Rauch, Johnstonbaugh and Crawford, are graduates of the E. M. I. Drs. Kingsley, E. M. I., '04, and Clark E. M. I., '04, also scored grades high in the 80's. The GLEANER and the College are proud of such men and such attainments.

AN energetic doctor can learn of a desirable city location by addressing George A. Yates, M. D., Wooster, Ohio. Nothing to pay—a good thing passed on.

Good Things—Old and New.

NEUROTIC CONDITIONS IN WOMEN.—Prof. Chas. J. Vaughan, Chair of Gynaecology, Atlanta College of Physicians and Surgeons, writes: "Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

OCTOBER, 1904.

No. 10.

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To whom all communications in reference to articles and matters for publication should be addressed.

Published at THE LLOYD LIBRARY, 224 West Court Street, Cincinnati, Ohio.
To which all subscriptions, advertisements, and matters of business should be addressed.

EDITORIAL NOTES.

REALIZING the importance of an occasional review of the status of medicine in America we have made this issue an EDUCATIONAL NUMBER. This departure will, we believe, meet with the approbation of readers of the GLEANER.

ANNOUNCEMENT.

THE GLEANER now appears under the auspices of the Lloyd Library, from which institution it will in future be issued. Until the end of the present year no marked change will be made in the general style and structure of the publication, but, beginning January 1, 1905, under a new series, the journal will become a bi-monthly magazine, comprising 80 pages of reading matter, standard magazine size. It will carry in each issue gleanings from past and present medical literature, with comments thereon, and an invaluable fund of historical and descriptive information concerning eclectic and other remedial agents, together with announcements concerning the eclectic societies, journals, books, authors, colleges, and connected subjects, the primary aim being to present to the world, in a form for preservation, a systematic digest of the work eclecticim has done and is doing in behalf of the world. These special features will make the GLEANER an invaluable auxiliary and collaborator of the Eclectic Medical Journals, whose interests it is designed to help and further, but with which it will not conflict in the journalistic field, for, in order to accomplish its primary purpose, within the space at command, all subjects such as medical politics, controversies, discussions in ethics, personal notes, and other features belonging properly within the province of medical journalism, necessarily must be neglected. The projected departments, subject to revision as to details, may be briefly announced as follows:

EDITOR'S DEPARTMENT—(about 72 pages)—This will be the principal department and will largely comprise selections and abstracts

from past and current medical literature, special care being given to the claims of current eclectic journalism. The editor's comments and suggestions concerning these gleanings will constitute in part, the editorials of the *GLEANER*. The magazine's aim being both to serve the interests of the physicians practicing eclectic medicine, and of those of other schools desiring information concerning eclectic principles and medicine, and yet not cover the field of medical journalism, original communications will be very little used, and consequently, are not solicited. The Editorial Department will be under the exclusive control and the sole responsibility of Professor Harvey Wickes Felter, M. D., Chase and Pitts Streets, Cincinnati, Ohio, to whom all correspondence concerning this department should be addressed.

PUBLISHER'S DEPARTMENT—(About 8 pages, edited at the Lloyd Library). Subscriptions, exchanges, advertisements, clubbing offers, library gleanings, notes, etc., are within the province of the editors of this department, which will be independent of the editorial department. This section will be largely devoted to the furtherance of the interests of the eclectic colleges, journals, books, authors and societies. It will also, when desirable, convey information concerning the Lloyd Library, and similar subjects that lie properly within the province of the publishers, who take pleasure in announcing the proposed features of the 1905 *GLEANER*, and furthermore adding that the make-up and appearance of the magazine will surely be such as to credit the editors, the library, and the eclectic school in medicine. All subscriptions and business communications should be addressed to **THE ECLECTIC MEDICAL GLEANER**, 224 West Court Street, Cincinnati, Ohio.

The Journal of the American Medical Association (August 13, 1904) in an educational number presents and discusses the present status of medical education in the United States in an admirable series of editorials, and gives a revised list of all the medical colleges in the United States with detailed account and statistics. This, the fourth annual educational number of this periodical, presents data covering the year ending with June 30, 1904. The compilation of college statistics is based on certified reports from the colleges enumerated, and is, therefore, in every respect, as correct as it possible to have such matter. A marked spirit of fairness pervades the editorial and the absence of any remarks derogatory to the dissenting schools of medicine shows the temper of the times.

From this number of the Journal, a copy of which every physician should get and keep for historical data, we collate much interesting material, which we are sure will interest readers of the *GLEANER*. Thus we learn that there are in the United States 166 medical colleges, of

which 133 are regular, 19 homœopathic, 10 eclectic, 3 physio-medical, and 1 teaching "all 'pathies' and 'isms,' including osteopathy." Two of the regular colleges are not yet active, and 7 do not grant degrees; 6 of the 7 carry the student through the first two years course only, and one through the first year. Of the regular colleges 2 are among our new insular possessions—the Medical Department of the University of Porto Rico at San Juan and the Medical Department of the San Tomasco University of Manila, Philipine Islands. The colleges are distributed throughout 33 States, the District of Columbia, Oklahoma, and the Island accessions. Of these colleges 103 are co-educational, 60 for men only, while 3 are for women exclusively. Colored students are admitted to 7 only. One eclectic, 4 homœopathic, and 66 regular schools have affiliation or connection with a university. One college requires 7 years, and another 6 years study to earn the medical and baccalaureate degrees.

The National presiding bodies, which in the main fix the requirements for good standing, are The Association of American Medical Colleges, of which 70 colleges are members; The American Institute of Homœopathy, in which 18 schools are in good standing; The National Confederation of Eclectic Medical Colleges, numbering 8 members; and The Southern Medical College Association, embracing 12 members. While many medical colleges are not members of any of these organizations they most generally "abide by their entrance requirements." The record shows that there has been no increase during the past year in the number of schools outside the regular colleges, in the latter of which there has been an actual increase of 2 granting degrees—making the total 156 plus the 7 preparatory colleges and the 2 insular institutions. The increase in preparatory schools is 4.

In 1880 there were 72 regular colleges; in 1904, 133. In 1880 there were 12 homœopathic colleges; in 1904, 19. In 1880 there were 6 eclectic colleges; in 1904, 10. There were no statistics of physio-medical and non-descript schools during the interval between 1880 and 1901. From the latter year to date 4 are enumerated. Thus in nearly a quarter of a century (1880 to 1904) the total number of medical colleges has increased from 90 to 166, a gain of 56 or about one-third.

In regard to the length of college terms there is considerable variation, ranging from 6 to 9 months, with 10 months in 4 night schools. A course of 6 months is given in 27 schools; 7 months in 44; 7½ months in 22; 8 months in 34; 8½ months in 12; and 9 months in 19. The tendency is to increase the length of the term, and it is believed that following year will see the end of 6 month terms. A 7 months term is the average for most of the non-sectarian schools, while a small percentage of regular schools still clings to less than a 7 months term. "Nearly all the shorter term schools are located in the South, where

medical educators feel that the conditions are such as to prohibit a longer term." The editor very properly suggests that it would be far better to regulate "the length of each annual course by specifying a definite number of teaching days or number of hours spent in colleges."

The students in attendance in medical colleges in the United States, of all schools, number 26,138,* showing a decrease of 1477 from 1903—23,662 attended regular colleges; 1105, homœopathic; 1014, eclectics; and 357, physio-medical and non-descript schools. In attendance in regular schools there was a decrease of 1268 below 1903, and a decrease of 1216 below 1902. This decrease, the editor believes, is due to the higher entrance requirements, and the increased cost of a medical education. The homœopathic schools show a decrease of 393 below 1903, and a decrease of 512 below that of 1902. "*The eclectic schools have been steadily increasing since 1900*" (italics ours). In 1904, 1014 students attended the eclectic schools, an increase of 166 over the attendance of the year previous, 1903." The non-descript schools had an increase of 18 over the year 1903.

Thus the quarter century (1880 to 1904) shows the following: In 1880, 11,826 students attended medical colleges, of whom 9776 were in regular schools, 1220 in homœopathic, and 830 in eclectic colleges. In 1904, the number of students in all schools was, as before stated, 26,138, of which 23,662 were regular, 1105 homœopathic, 1014 eclectics, and 357 physio-medical and non-descript.

While the statistics show a decrease in the number of students, the number of graduates is slightly in advance of last year, showing an increase of 49 over 1903, and a total number of 5747. Last year's increase over 1902 was 699, so it will be observed that there was in 1903 a marked decrease in the output of doctors. In the regular schools there was an increase of 102 over 1903, but in the eclectic schools there was a decrease of 3 below 1903, and a decrease of 1 in the non-descript schools. The decrease in the homœopathic school is the lowest since 1902—49 in number.

The quarter century again shows the total number of graduates in 1880 to be 3241, of which 2673 were from regular colleges; 380 from homœopathic colleges; and 188 from the eclectic schools. In 1904, 5747 were graduated—5190 from regular colleges, 317 from homœopathic, 146 from eclectic, and 40 from physio-medical or non-descript schools.

While colleges for women are passing away, only 3 existing and 2 now being in active operation, the number of women matriculants and graduates is increasing. In these two were 183 matriculants and 46 graduates from them. Women made up 4 per cent. of the total number of graduates for the year, 244 graduating, while over 4 per cent (1139)

*One college refused information, but this alters the figures but little.

of the total number of students engaged in the study of medicine were women.

In referring to the falling-off in matriculation that has been so apparent during the year the editor of the *Journal* says: "Although the graduates have increased slightly, the matriculants [regular and homœopathic—Ed. *GLEANER*] have decreased considerably, and we must assume that the decrease has occurred largely in the freshmen classes, partly because of the increase in entrance requirements, partly because of the increase in fees and general expense of the medical course, and, perhaps, because of the prosperity in the business world in general, which usually lowers the attendance in the professional schools. In some colleges there was a decided falling off in the freshmen class, while in others there was a very slight increase. The falling off was noticeable, particularly, in those schools that raised their entrance requirements."

In regard to the present state of medical education the editor of the *Journal* says: "A perusal of our study will show that medical education, so far as students and colleges are concerned, has not changed materially during the past year, although a slight improvement is noticeable in the advances made in the length of the college term. This improvement is, on the whole, very gratifying, inasmuch as it shows the disposition of all the schools to better medical education."

"The eclectic schools have steadily increased since 1900" (*Journal of American Medical Association*, Aug. 13, 1904). Had this statement been originally published in one of our journals, it would, in all probability, have been passed over as an idle boast, or it would, at least, have been doubted, if not passed wholly unnoticed by many of our competitors in the field of medicine. That the school has been gradually but steadily growing is true, we confess, and it is equally true that eclecticism is becoming better understood and more respected by our rivals—the other schools. There are many reasons for our steady growth, and chief among them is that honesty and steadfastness of purpose, in the face of great obstacles, that is and has been the support of our cause and its colleges from the beginning, and that is as strong to-day as when Morrow and his colleagues fought for a principle. Long and vigorous persecution failed to retard the growth of school, though the attacks were mighty and from all points of vantage. Still the cause moved steadily on. It is an old saying "that the most clubs are found under the best apple-trees." But our lines are now cast in pleasanter places. Recognition of our service as a school of *materia medica* and direct therapeutics is more apparent day by day, and the purity, strength, and efficiency of eclectic medicines are the subjects of frequent commen-

dation from the press of our antagonists of old. We are heartily glad that the days of battle are practically over, and that we can, when speaking of members of the other schools, refer to them—not as enemies, as of old, but as friendly rivals in a great endeavor to ameliorate the condition of stricken humanity. Cessation of defensive hostilities against our rival schools and internecine strife have given place in our school to the more urgent needs of the hour and growth has been the result.

Another aid to our growth has been the early adoption and support, by our colleges, of every honest measure for the advancement of higher medical education and requirements, and the consequent filling of our classes with young men of good morals and decided ability, well-grounded in the educational qualifications so necessary to add to the dignity of the profession. Our growth has been strong and healthy, as well as steady, and while we are pleased to claim growth in numbers, we are more gratified to know that a greater growth in high professional qualities and attainments has resulted from our persistent efforts to place the school in the front rank of the medical profession.

From 1880 to 1904 the increase numerically has been from 830 to 1014 students. In marked contrast to this has been the numerical decrease of another of the so-called irregular schools—the homeopathic—which had, in 1880, 1220 students, whereas in 1904 it registered only 1105, and the greater decrease from the year 1900, when it had 1909 students in attendance.

We publish, in this number, as a matter of authentic information, the list of eclectic medical colleges, with data, the list of eclectic journals now being published, and a synopsis of the requirements to practice medicine in the various sections of the United States.

THAT "*Apocynum cannabinum*, commonly known as Canadian hemp, has been used as a diuretic for a number of years (see p. 343) is a well-known fact to every practitioner of eclectic medicine," but that it "has not received general recognition," if this be true, has not been the fault of our branch of the medical profession. In fact, if one were asked to name one dozen leading remedies used by eclectic doctors, apocynum would surely be among the number. The clinical uses of the drug, so thoroughly recognized to-day by those who use it, have been developed in the eclectic and so-called irregular schools. The apocynums are by no means new remedies. *Apocynum androsaemifolium* was in use in aboriginal days by the Choctaw and Chickasaw Indians, who valued the juice derived from chewing the fresh root as a sovereign cure for syphilis, and this use of it was treasured for years by the whites in some parts of the South as a valuable secret. Dog's bane, as it was

called, was mentioned by Dr. Jacob Bigelow in 1817 (American Medical Botany), as being known to the people as ipecac. The properties then ascribed to it were emetic (30 grains) and stomachic and tonic. Attention was called to the fact that it lost its properties rapidly by keeping. Thacher (1821) repeats Bigelow's statement. Neither Kalm (Travels) nor Henry (Medical Herbal) nor Peter Smith's Dispensatory (1812) refer to either of the apocynums. All early writers discouraged the use of *Apocynum androsaemifolium* on account of its nauseous taste. Zollicoffer (Amer. Journ. Pharmacy, 1836), however, gave words of encouragement and prophesied a valuable future for it. R. Eglesfeld Griffith considered it among "The Vegetable Emetics of the United States" (1833), but declared it not likely to come into general use. Then as this species lost interest, *Apocynum cannabinum* came into more or less prominence, chiefly through irregular works. Rafinesque (Medical Flora, 1828 and 1830), however, considered "all species nearly equal and deserving, and named them as useful remedies in asthma, dropsies, rheumatism, and whooping cough." Notably all of the botanic practitioners had recognized the diuretic value of the plant long before it received laboratory distinction. Samuel Thomson (Materia Medica) refers only to its (*Apocynum androsaemifolium*) powerful hydrogogue diuretic action and advises it in dropsy—another instance of the medical acumen of the illiterate, but by no means unobserving apostle of the sweat, vomit and purge. Dr. Wooster Beach gave personal testimony early in the present century of the value of *Apocynum cannabinum* in dropsy, and cites the case of Alderman Scott, of New York City, as having been cured by him of dropsy with the infusion of the root.

The interest awakened by its successful use in its early history led Dr. John H. Griscom, of New York, to thoroughly analyze chemically the *Apocynum cannabinum* and to announce the constituents and the physiological effects and clinical observations of the drug. This was reported in December, 1832, and published in May, 1833, in the American Journal of Medical Sciences and copied by the American Journal of Pharmacy. Now that Dr. Wood is announcing his laboratory results, Dr. Griscom's words are worth repeating. Dr. Griscom wrote:

"The Indian hemp when taken internally appears to have four distinct operations upon the system. 1st. As an emetic. 2nd. As a purgative. 3rd. As a sudorific. 4th. As a diuretic. Each of these effects it produces almost invariably. Its first operation when taken into the stomach is that of producing nausea, if given in sufficient quantity, which need not be large, and if this is increased, vomiting will be the result. It very soon evinces its action upon the peristaltic motions of the prima viæ by producing copious feculent and watery discharges, particularly the latter, which action, once excited, is very

easily continued by the occasional administration of a wineglassful of the decoction. The next operation of the remedy is upon the skin, where it displays its sudorific properties often in a very remarkable manner. Copious perspiration invariably follows its exhibition, to which effect is, in a great measure, attributed by some, the powerful influence it exercises over the various forms of dropsy. The activity of its diuretic properties does not appear to be so great in many instances as in others. In the first three or four cases related, the urinary secretion, although somewhat increased in quantity, was not such as to be commensurate with the effect produced upon the disease by the exhibition of the medicine. In other instances its diuretic action has been more manifest, causing very profuse discharges of urine, and in a very short time relieving the overloaded tissues of their burden. As a sternutatory it has a very powerful effect, as I have experienced in my own case, the fumes, on one occasion, produced, not only long continued and violent sneezing, with an increased discharge from the Schneiderian membrane, but were unquestionably the exciting cause of an attack of erysipelas of the face and head."

The recognized diuretic value of apocynum as a remedy for "dropsy" gave it the name "vegetable trocar," a name which, a few years ago, seemed to attract great attention, for at about the same period a renewed interest was awakened in the drug. Scudder, Goss and Locke long ago recognized its tonic action upon the heart and circulation, and recommended it in atony of the blood vessels, associated with dropsical effusions. We do not propose now, nor will space permit us, to give a resume of the uses of apocynum as now known to every practitioner of eclectic medicine. But we do wish to record that its known activity and use as a diuretic is almost as old as eclecticism, and its value as a heart tonic has been recognized and commented on by eclectic writers for many years past. There is not a leading eclectic text book on *materia medica* or upon practice that does not prominently state these effects and uses of the drug. Along in the 80's several regular practitioners reported its effect of increasing arterial tension, thus corroborating the observations of eclectic clinicians.

Dr. Wood's work is timely, and we hope his report will be widely read, for it confirms physiologically what has been for years contended for, as based upon clinical usage, by practitioners of the eclectic school. Slowly but surely the remedies that have for years been standard in the eclectic *materia medica* are being recognized as neglected and valuable agents. For some strange reason, probably because of methods of teaching, physicians of the regular school are slow to accept statements regarding the usefulness of remedies until a physiological laboratory investigation points out to them the possession of powerful properties

in the drug so recommended. We do not wish to be understood as underrating the value of such investigations, but we do wish to be understood as placing first and foremost the clinical results of the use of medicines when such reports come from reliable sources, even though the data come from an antagonist in the great field of medicine. Thus far Dr. Wood's report is only preliminary to fuller details that are to follow. We are glad to know that this work is being done, for true scientific investigations are always a desideratum, and that it is in charge of an expert. We do not know what his future remarks will carry concerning the past and present status of apocynum, but we feel that had Dr. Wood, instead of asserting "has been used as a diuretic for a number of years," given credit to the work of so-called irregular clinicians, and particularly to the work of the eclectic school, which has developed this remedy in all directions in which it is now proposed as a remedy, he would have been more courteous to members of his own school and have better subserved the interests of general medicine. Our chief reason for calling attention to the foregoing items is that it may be more generally known that our school has been vigorous in the study and dissemination of knowledge concerning apocynum, as it has been of many other useful plant products, and that if it has not been a "generally recognized remedy" the fault can not be laid at our door.

The therapeutic uses of Apocynum will be considered in the January (1905) GLEANER.

PHYSICIANS who remember the advent of Damiana into medicine will recall the extravagant and eulogistic words devoted to its positive (?) aphrodisiac virtues. It was claimed for it that it acted energetically upon the genito-urinary organs of both sexes, restoring lost potency in the male and overcoming frigidity in the female, whether these conditions were due to excesses, or to old age. The more conservative of physicians who gave it a trial, at once pronounced it of no value as an aphrodisiac, but their failures to get the proper effects were attributed to spurious drugs by those who were interested in pushing damiana, both in the legitimate practice of medicine and in the hands of the advertising specialist, that one would have thought that the fountain of perpetual youth had veritably been discovered. It is not the first time in the history of medicine that a drug, shrewdly advertised, has captured the market and the physician. Within recent years the memory of the enormous run which liver-leaf had, a plant introduced through ignorance for another plant, or else in accordance with the wild and illogical doctrine of signatures, is still fresh with many practitioners. For a period the market was fairly glutted with hepatica and tons of it went into pulmonary medicines of questionable origin. The bubble burst, however, when it became generally known that the plant was practically

inert and the fact of the discovery that the wrong liver-wort had been recommended and ignorantly pushed by the promoters.

The sooner the true source of foreign drugs and recommendations (as in the American case of hepatica) is ascertained by competent scientists, when such drugs suddenly appear in the market with wonderful pedigrees of healing powers, the better it will be for the druggist and the doctor. Original investigation upon the ground where the drug is native, or where it is primarily marketed, is the most trustworthy and beneficent protection for us against drug imposition. Some of our most valued drugs have been investigated in this way, and such service as has been rendered in this field by M. H. H. Weddell, Daniel Hanbury, Henry S. Wellcome, E. M. Holmes, H. H. Rusby, and others, stamp them as true scientists and benefactors in placing authentic reports at our disposal. The recent contribution on damiana (see p. 339), studied and written in the native habitat of the drug, adds to this sort of authentic drug history, and will, we are sure, be read with interest by those who are concerned in clearing the drug field of mythical and unreliable drug-histories, and will be doubly welcomed by the innocent doctor, who has been duped and imposed upon, to his financial loss, and greater professional discredit by those who know that the claims advanced by them are based upon unsatisfactory, if not wholly fictitious, representations.

In his paper on damiana Prof. Lloyd has corroborated what has long been suspected that the belief in its reputed aphrodisiac properties is, most likely, "a reflex touch of American advertisements or American statements." He shows it to be a stimulating table beverage partaken of alike children and adults of both sexes, and that if any aphrodisiac effects can be attributed to it, they are due to the mild stimulus effect, which may also result from many other stimulating drugs. Years ago when damiana was introduced, Prof. King wrote, "It will very likely be found to possess laxative, tonic, and diuretic properties only; and the aphrodisiac effects following its use, no more prove that these belong to it, than the same effects, that not unfrequently appear after the employment of many other agents, prove that such agents possess similar excitant virtues." Who will uncover the next drug masquerade?

ECLECTIC MEDICAL COLLEGES.

The following list of Eclectic Medical Colleges with data, is reproduced with slight modifications, from the *Journal of the American Medical Association*, of August 13, 1904, it being a part of the descriptive matter relating to medical colleges in the United States.

CALIFORNIA MEDICAL COLLEGE.—Eclectic, 1422 Folsom St., San Francisco, Cal. This school was organized in 1878. Its faculty includes

18 professors and 17 lecturers and instructors, a total of 35. The clinical material is supplied by the Buena Vista and City and County Hospitals. Applicants for admission not holding diploma or certificate are examined. The course has been extended to cover four years of eight months each. Total fees are about \$110 for each of the first three years and \$40 for the fourth year. The Dean is Dr. D. Maclean. Total registration for 1903-4, was 47; graduates, 8. The next session begins Oct. 3, 1904, and ends May 17, 1905.

GEORGIA COLLEGE OF ECLECTIC MEDICINE AND SURGERY.—Atlanta, Ga. This school was organized in 1839, and has a faculty of 16. The college dispensary, Grady Hospital and Georgia Eclectic Hospital furnish clinical material. Applicants for admission must adhere to the requirements established in the National Confederation of Eclectic Colleges, of which this college is a member. The curriculum covers four years of six months each. The Proctor is Dr. W. M. Durham, 77½ Peachtree St. Total number of students for 1903-4, was 54; graduates, 17. The next session opens Oct. 4, 1904, and closes April 4, 1905.

BENNETT COLLEGE OF ECLECTIC MEDICINE AND SURGERY.—Cor. Ada and Fulton Sts., Chicago, Ill. This school, organized in 1868, has a faculty of 32 professors and 5 assistants, 37 in all. The Bennett, Cook County and Baptist Hospitals and a college dispensary supply clinical facilities. Matriculants must present a diploma or certificate or pass a satisfactory examination "in conformity with the minimum requirements of the State Board of Health." The course covers four years of twenty-six weeks each. This school is a member of the National Confederation of Eclectic Medical Colleges. Fees for each year are \$100, with a matriculation fee, paid once, of \$5. The Dean is Dr. A. L. Clark, Elgin, Ill. Total registration, 1903-4, was 115; graduates, 10. The thirty-seventh session began Sept. 27, 1904, and ends May 9, 1905.

AMERICAN COLLEGE OF MEDICINE AND SURGERY.—Eclectic, 333 South Lincoln St., Chicago, Ill. This school was founded in 1901, and has a faculty of 65. The requirements for entrance are in accord with the rules of the State Board of Health. The course is four years of eight months each. American and Cook County Hospitals supply clinical material. The Secretary is Dr. J. D. Robertson, 103 State St. The annual fee is \$100; matriculation fee is \$5; a total fee for one year, with board, room, light and heat, is \$208. The enrollment, 1903-4, was 264; graduates 23. The present session began Sept. 27, 1904, and closes May 15, 1905.

ECLECTIC MEDICAL COLLEGE OF INDIANA.—Indianapolis, Ind. This school was organized in 1900, and has a teaching force of 31. The course is four years of six months each. Fees for each year, \$75, or for all four, \$225; \$25 for graduation. Total registration, 1903-4, 35;

graduates, 7. The Dean is Dr. W. M. Brown, 732 Sheffield Ave. The present session began Sept. 20, 1904, and ends April, 12, 1905.

AMERICAN MEDICAL COLLEGE.—Eclectic, St. Louis, Mo. This was organized in 1873, and has a faculty of 17 professors, etc. St. Louis City Hospital and a college dispensary supply ample clinical material. The requirements for admission are those of the National Confederation of Eclectic Medical Colleges, of which this college is a member. The course of study covers four years of seven months each. The total fees are: Tuition, \$75 per year; dissecting material \$5 per year for four years; final examination and graduation fee \$25. Total registration for 1903-4, was 76; graduates 12. The Dean is Dr. M. M. Hamlin, 2906 Lawton Avenue. The present session opened Sept. 19, 1904, and closes April 22, 1905.

LINCOLN MEDICAL COLLEGE.—Eclectic, Lincoln, Neb. This was organized in 1889, and has a faculty of 28. The requirements for admission are those of the National Confederation of Eclectic Medical Colleges, of which this college is a member. The course of study covers four years of thirty-two weeks each. The total fees for the first year are \$80; second, \$75; third, \$75, and \$85 for the fourth year, or \$255 for all four years together. The Secretary is Dr. Samuel Metheny. Total number of students for 1903-4, was 83; graduates, 22. The next session begins Oct. 1, 1904, and ends May 10, 1905.

ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.—239 East 14th St., New York City. This was organized in 1865, and has a faculty of 15 professors and 18 lecturers, demonstrators, etc., 33 in all. A college dispensary, Beachonian Dispensary, Manhattan and Red Cross Hospitals and Muncie Sanatorium supply clinical facilities. The work covers four years of seven months each. The total fees: First year, \$125; second, \$125; third, \$125, and \$155 for the fourth year. The Dean is Dr. George W. Boskowitz. Total registration for 1903-4, was 95; graduates, 8. The present session opened Sept. 28, 1904, and closes May, 1905. This school is a member of the National Confederation of Eclectic Medical Colleges.

ECLECTIC MEDICAL INSTITUTE.—1009 Plum St., Cincinnati, Ohio. This school, organized in 1845, has a faculty of 24 members. The Seton Hospital, Cincinnati Hospital, and a college dispensary furnish clinical material. It is a member of the National Confederation of Eclectic Medical Colleges. The course covers four years of thirty weeks each. The fees are \$75 for each year, with a graduation fee of \$25. The Dean is Dr. Rolla L. Thomas, 792 East McMillan St. The Secretary is Dr. John King Scudder. Total enrollment, 1903-4, was 143; graduates, 27; The present session began Sept. 19, 1904, and closes April 21, 1905.

ECLECTIC MEDICAL UNIVERSITY.—1400 Grand Ave., Kansas City, Mo. This was organized in 1898, and has 22 in its faculty. The curriculum covers four years of six months each. Fees, about \$70 each year, with a graduation fee of \$15. The Dean is Dr. Theodore Doyle. Total students for 1903-4, was 60; graduates, 16. The present session began Sept. 5, 1904, and closes in April, 1905.

ECLECTIC JOURNALS.

Chicago Medical Times, Dr. Finley Ellingwood, Editor; Eclectic Medical Journal, Cincinnati, Dr. J. K. Scudder, Editor; Nebraska Physician, Lincoln, Neb., Dr. F. L. Wilmeth, Editor; California Medical Journal, San Francisco, Dr. D. Maclean, Editor; American Medical Journal, St. Louis, Dr. M. M. Hamlin, Editor; The American, Chicago, Dr. David F. Smith, Editor; Eclectic Review, New York, Dr. Geo. W. Boskowitz, Editor; Journal of Liberal Medicine, Indianapolis, Dr. F. M. Wright, Editor; Los Angeles Journal of Eclectic Medicine, Dr. O. C. Welbourn, Editor; Medical Arena, Kansas City, Mo., Dr. S. F. March, Editor; Eclectic Medical Gleaner, Cincinnati, O., Dr. Harvey Wickes Felter, Editor.

Summary of the State Requirements for the Practice of Medicine.

States Admitting to Practice on Presentation of a Recognized Diploma.—(Note: Italics indicate that diploma must be supplemented by an accepted State license.)—Alaska, no law; Colorado, Indian Territory, each nation has its own law; Indiana, also matriculates of Indiana colleges to January, 1901; *Iowa*, Kansas, discretionary with the board; Kentucky, until June, 1904; Maryland, physicians in District of Columbia; *Michigan*, students registered in Michigan colleges, January, 1903; Missouri, matriculates of Missouri colleges to March, 1901; Nevada, graduates of foreign colleges excepted; New Hampshire, certain matriculates of New Hampshire colleges; New Mexico, New York, certain matriculates of New York colleges; Philippines, certain persons only; *Porto Rico*, *Virginia*, *Wisconsin*, *Wyoming*.

Licensed Graduates of Colleges Within States Without Examination.—Indiana, students entered prior to January, 1901; Kentucky, present matriculates; Michigan, students entered prior to January, 1903; Missouri, students entered prior to March, 1903; New Hampshire, certain students of New Hampshire schools.

States Requiring Examination and Presentation of Diploma.—Arizona, California, Connecticut, Delaware, District of Columbia, Florida,

Georgia, Idaho, Illinois, Indian Territory [each nation has its own law], Indiana, Iowa, Kentucky [after June, 1904], Louisiana, Maine, Maryland, Michigan, Minnesota [by resolution of the board], Montana, Nebraska, Nevada [graduates of foreign colleges], New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Philippines, Porto Rico [certain persons only], South Carolina, South Dakota, Utah, Vermont, Virginia, Washington, Wisconsin, Wyoming [of non-recognized colleges].

States Requiring Examination, but Diploma Not Necessary.—Alabama, Arkansas, Hawaii, Indian Territory [see note above], Kansas [applicants must show evidence of college attendance], Maryland [supplemented by accepted State license], Massachusetts, Mississippi, Missouri, Nevada [certain person only], New Hampshire [certain persons only, if licensed to practice in some foreign country], North Carolina [if supplemented by accepted State license], North Dakota [must show evidence of college attendance], Ohio [if licensed to practice in some foreign country], Oklahoma [certain persons only], Oregon, Pennsylvania [foreign licentiates], Philippines [certain persons only], Rhode Island, Tennessee, Texas [evidence of college attendance], Utah, West Virginia.

States Empowered to Recognize Certificates of Other State Boards.—California, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Virginia, Vermont, Washington, Wisconsin.

States Empowered to Accept Licenses of Other States or Countries in Lieu of a Diploma.—California, Kansas [in lieu of examination], Maryland [of a foreign country], New Hampshire, North Carolina, Ohio, Pennsylvania.

States which Permit the Practice of Physician from Other States in Consultation.—California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Indiana [from border of neighboring States], Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Philippines, Porto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Wisconsin, Wyoming.

States Empowered to Issue Temporary Licenses.—Arkansas, Colorado, Florida, Indiana, Kansas, Louisiana, Montana, North Carolina, South Carolina, Tennessee, Texas, Virginia.—Circular issued by the Illinois State Board of Health.—*The Medical World.*

Damiana (The Mexican Tea)—*Turnera Aphrodisiaca*.

By JOHN URI LLOYD, Phar. M., Cincinnati, Ohio.

About thirty years ago, Dr. F. O. St. Clair, of Washington, D. C., introduced Damiana to the medical profession of the United States. The botanical name was not known to Dr. St. Clair, but was afterward determined as *Turnera aphrodisiaca*. It became my duty in 1881 to describe the drug and its (then) sophisticant, *Aplopappus discoideus*, for the American Dispensatory, the article being published in advance by Dr. Charles Rice, editor of the *American Druggist*. I now find myself in the home of damiana, and am enabled to supplement that paper, as well as, I believe, correct certain generally accepted popular American errors concerning the drug. La Paz, Lower California (Baja California), is the principal damiana port of export, and information obtained on the ground may be considered authentic.

The Name.—Damiana is the Mexican name of the plant which yields the leaf sold under the name. So far as I can discover this name has no significance. Possibly in days gone by the term might have possessed a specific meaning, but more likely it is an heirloom of the Indians that inhabited the peninsula before the Spanish invasion. Be that as it may, the term damiana is familiar to every Mexican, but concerning the meaning or derivation of the word, all concur in that it is simply the name of the plant.

The Plant.—The leaf of damiana is now too familiar a drug to necessitate detailed description, the fragrant, olive-green leaf being well known to pharmacists. The plant is a low shrub, the bushy head of which is prone upon the ground, from which descends the gnarled, often twisted root stem, and spring the coarse twigs. This root is tough, hard, the central part (about one-third) being brown, the remainder yellow. The main root stalk averages an inch or more in diameter, from which project tough side roots the size of a lead pencil, gray externally, but yellow within. From extreme to extreme a damiana plant may average two to four feet, root measurement, but is less in depth. The tough stems make a scraggy bush, two to three feet high. In the dry season, which includes most of the year, the tough, brittle root seems to be nearly devoid of moisture. It may even be seemingly as dry as the dust about it, as is true of the specimens now before me, but I am told that this sapless specimen of vegetation, gray and forlorn, as is the hot dry sand and soil about it, on the first touch of rain, will put forth a mass of foliage, and with wonderful activity will become a living bush, which, when the few days of rain are over, dries again in the sand, and slumbers through the long season of heat and dust. Cattle and other animals are fond of

damiana, and it is asserted that a peculiar sweet flavor is imparted to the flesh of such creatures during the damiana season.

Damiana, I am told, is practically confined to the lower part of the peninsula of Lower California, from which, mainly from the port of La Paz, it is exported, the larger amount now going to the United States. Its habitat, even here, is in the foot hills inland, the main supply coming from forty miles west of La Paz, thence being abundant towards the town of Todos Santos, on the Pacific shore. It grows in patches or clumps, with spaces, sometimes of considerable size, between the bunches. It is gathered by the country people, and for exportation is packed in bales of convenient size, coarse coffee sacks being usually employed. I find in local use small square bales in calico casing, each holding two litres, but it is generally retailed loose by grocers, as tea is sold in America.

The difference in the quality of damiana is very great, owing both to care in curing and to its condition when gathered, as well as to its age, for by age it loses much of its aroma and fragrance. The Mexican is particular concerning this latter point, and highly values a freshness in quality. It should be nearly devoid of stems, of a lively, olive-green color, a grateful, delightful fragrance, and should impart an aromatic, slightly astringent taste when chewed. As found in commerce the small leaf is much broken. When gathered in the flowering season it is in the best condition, and is most highly valued by Mexicans when the flowers are present. They prize the flavor of this mixture of leaf and blossom.

Sophisticants.—*Ash Damiana.*—The only plant that is here confused with damiana is a related shrub of similar appearance and growth. Its leaf resembles damiana in contour, and is possessed of a similar odor and taste. It differs in general in that it has a more grayish (ash) color, due to a coat of silky down, and a more woolly touch and appearance, lacking the lively, olive-green color of the true, crisp leaf. This plant is not only downy to the touch, but the leaf, leaf stem and buds are also pubescent, the leaf being thick and leathery, as contrasted with the brittle, thin leaf of the true damiana. This species is found abundantly within twenty miles of La Paz, while the true species is not abundant east of the foot hills that center the peninsula. This ash species is not used by the Mexicans, and yet by one inexperienced it might readily be taken for damiana. I have discovered that the leaf of this plant has been largely sent to the United States—the gentleman giving me this information calling it "bastard damiana." Although it should be considered a sophisticant, its sensible properties so nearly resemble damiana as to indicate that pharmaceutical preparations can not be readily differentiated.*

* I have taken steps to obtain the different species of shrub, and when their botanical names are determined will supply this deficiency. A dealer in damiana assures me that another "bastard" species exists, intermediate between those I have described.

Damiana Root and Shrub.—I am reliably informed that an attempt is being made to put the root and shrub on the market as a drug substitute for the leaf. Owing to its weight, it will be a cheap sophisticant, and may serve the purpose of a cheap substitute. But I can not discover any of the qualities of damiana in either the root or shrub. The final result of such procedure, owing to the restricted locality in which damiana grows, will be to exterminate the plant, and increase the price of damiana. The Mexican Government should at once take steps to prohibit the exportation of damiana root, and thus preserve the industry and protect this important Mexican tea.

Mexican Uses of Damiana.—Damiana is the native Mexican tea, and is used exactly as tea is employed in the United States. Although its use is now largely confined to the poorer classes, it is a favorite beverage throughout the peninsula, and also, I am reliably informed, elsewhere throughout Mexico, although this latter statement I have not personally verified. It may be likened in this respect to our domestic sassafras, which is yet used as a beverage, in a limited way, in rural districts in many sections of the United States. Damiana is consumed in Mexico as a stimulating beverage, and is not used as a drug, although its qualities are both soothing and stimulating. That it may have occasionally an aphrodisiac property in Mexican view, is evident from the fact that in one case a Mexican who met Americans often ascribed to it that character; but I find, after patient and particular investigation in the Mexican home of damiana, that it is universally served as tea to men, women and children alike. I am therefore inclined to believe that a Mexican statement concerning its aphrodisiac qualities is a reflex touch from American advertisements or American statements. Its repute here is that of a pleasant, gentle stimulant, and it is also employed as a hot drink when the menses are suppressed. It is also used in colic, the statement being that a strong, hot tea of damiana will bring quick relief. This statement I have also verified from a heavy exporter of the drug. The fact that damiana tea is used so extensively demonstrates that it is harmless, while its employment for persons of both sexes and of all ages indicates that it is not considered a drug exclusively for purposes such as are asserted to be its reputed qualities in American medicine. I am therefore inclined to accept without reserve that the reputed qualities of this drug, as accepted in America, are not based on its Mexican use or reputation.

Damiana is a fragrant, slightly astringent gentle stimulant or tonic, which in its habitat serves a useful purpose. Its long continued use is not followed by nervousness, as is the case with tea and coffee drinking. I made careful and exhaustive inquiries to ascertain if any ill effect followed its habitual use, and found none whatever. On asking for a

cup of damiana tea at the hotel where this article is written, it was served me without comment, the proprietor stating that he kept the leaf constantly on hand, and considered it a harmless beverage, adding that some people drink it exclusively. I found it not unpleasant to the palate.

And now the question may be asked, is it possible that so many American physicians who have prescribed damiana have erred in their opinion of the drug? In reply it may be stated that it is not unlikely that in some instances a gentle aromatic stimulant like damiana may accomplish aphrodisiac effects. In my opinion, however, the shot-gun method of prescribing damiana has maintained for this innocent drug its chief reputation in a field where error originally placed it. As a rule, damiana is associated in prescriptions with phosphorus, nux vomica, strychnine, iron compounds, and such powerful agents as these, where its gentle companionship is dominated by its powerful associates. Or, the name "damiana" is used as a trade-mark term for proprietary preparations in which the other ingredients are concealed. Few physicians employ it alone, and such therapeutical authorities as I know to have investigated it in a pure condition assert its inefficiency as an aphrodisiac. Like the harmless Spreading Viper, to which a general public has erroneously ascribed most virulent attributes, but which is almost helpless and is perfectly innocuous, so damiana has been broadly heralded as a remedy in a field where its innocent qualities forbid it a conspicuous place.

Resume.—Damiana is a Mexican shrub, its habitat being on the peninsula of Lower California, inland from La Paz. It was introduced to American medicine under a misunderstanding of its nature. It is not a Mexican *drug*, but a general beverage. Its qualities reside in a fragrant leaf, yielding to hot water a pleasant, harmless, tea-like beverage which, so far as history determines, has been consumed from all time by the Mexicans, and is still so employed by all classes, men, women and children alike.* It is a gentle stimulant or tonic, kindly in action, pleasant to the taste, and acceptable to the stomach. Its medicinal qualities are mainly restricted, in Mexico, to cases in which a gentle stimulant may be effectual, as in suppressed menses, in which it is desirable to administer a hot drink in connection with a grateful aromatic that will not disturb the stomach. In other words, damiana is a homely domestic remedy, innocent of the attributes under which, in American medicine, it has for a quarter of a century been forced to masquerade. Its American field is now restricted, but in its true position damiana may, perhaps, become of not a little importance; its field may also be broadened.

A freshly made tea of prime, recent damiana herb, when it can be

*I have met the very best in society who drink damiana tea through choice. The poorer classes use it almost exclusively.

procured, is perhaps the most desirable form of administration, or a concentrated cordial representative of the drug, palatable as possible, made to carry the full qualities of damiana, of exceptional freshness and of prime quality.

La Paz, Mexico, Feb. 10, 1904.

The Physiological Action of *Apocynum cannabinum*.

A PRELIMINARY NOTE BY HORATIO WOOD, JR., M. D.

Apocynum cannabinum, commonly known as Canadian hemp, has been used for a number of years as a diuretic, but has not received general recognition. The clinical reports of those who have made trials of it have, in many cases, been extremely favorable, and it would seem that the remedy deserves a more important place among practical remedies than it has yet achieved. A study, therefore, of its physiological action has seemed well worth undertaking, especially as there has been published "no complete study of the results of its administration." My experiments with apocynum are not as yet completed, but as the results which I have obtained throw considerable light upon its value as a practical remedy, it has seemed worth while to publish this preliminary notice concerning the physiological action of this plant.

Apocynum has been used as a diuretic chiefly in cases of dropsy of non-cardiac origin, especially in the ascites of hepatic cirrhosis. The results of the experiments,* which I have so far performed, indicate, however, that the action of the drug upon the kidneys depends chiefly upon its effects on the circulation.

If a small quantity of apocynum is injected into the vein of a dog, there occurs, in a few minutes, a very marked slowing of the pulse, which is, in the majority of instances accompanied by a very considerable rise in the blood pressure. In some cases, however, the slowing of the pulse has been so great as to prevent any great elevation of the pressure within the arterial system. These effects are very similar to those which follow the injection of digitalis, and, indeed, the more carefully I have investigated the action of this drug, the more I have been impressed with the similarity between the effects of digitalis and those of apocynum.

The rise in the blood pressure may be due, of course, either to stimulation of the heart, or of the vaso-motor mechanism, or both. To determine whether or not the drug affected the vaso-motor centers in the medulla oblongata I tried its effects, in a number of cases, upon

* The expenses of these researches have been defrayed by a grant from the National Academy of Science.

dogs, in which the spinal cord had been divided immediately below the medulla. As in severing the cord, all connection between the vaso-motor centers and the blood vessels is destroyed, any change in the circulation after this operation is to be attributed either to an effect upon the heart or to direct action upon the muscular coats of the arteries. Under these circumstances, I have found that the rise of the blood pressure following apocynum, is fully as marked as it is in the normal animal. That the drug is stimulating to the cardiac muscle I am well satisfied, not only from the tracings which I have obtained under these circumstances, but also, because a few incomplete observations upon the action of the drug on the heart of the frog show that it effects this organ directly; like digitalis it brings about a cessation of cardiac action through over-stimulation of the heart muscles, the contractions of the organ ceasing with the heart in a permanent systolic spasm. Whether or not there is also an action upon the arterial walls is not yet certain, but I am strongly inclined to the belief that there is. The rise of the pressure, after division of the spinal cord, has been uniformly so great that it seems almost impossible that it can be due solely to stimulation of the heart with the blood vessels in a state of relaxation, which they naturally are after severance of the spinal cord. Light is thrown upon this question, as well as interesting suggestions of the mode of its action in the cases of dropsy, by experiments made on the circulation through the kidney. These studies have shown that, despite the enormous stimulation of the heart, the circulation through the kidneys has been diminished rather than increased, which, of course, can only be attributed to a narrowing of the lumen of the blood vessels in the kidney. Although the change in the calibre of the renal arteries does not prove a similar change in the blood vessels in other parts of the body, the inference is natural, and especially in the light of the change in the blood pressure that the vessels in the rest of the body are similarly contracted.

Another interesting question which is suggested by the studies upon the circulation of the kidney is as to the cause of a diuresis which clinical reports have shown follows the use of apocynum. An increase in the function of the organ demands an increased supply of blood to that organ—thus we find that those drugs which are direct stimulants to the secreting structure of the kidney, such as caffeine, tend to produce a widening of the renal vessels. The absence of this vascular dilatation, therefore, indicates that the increased flow of urine, under apocynum, is due to the regulation of the circulation; a precisely similar state of affairs as occurs after the administration of digitalis.

The slowing of the pulse seems to be solely to stimulation of the cardiac inhibitory centers in the medulla, for I have found that sepa-

rating these centers from the heart, by dividing the two pneumogastric nerves, which are the means of communication between the heart and the inhibitory centers, effectually prevents any slowing of the pulse, or in case the drug has been administered before the vagi were divided, such division causes an immediate increase in the pulse rate, accompanied with a rise in the blood pressure. The very marked rise in the blood pressure, in this experiment, shows also that the previous comparatively low pressure had been due to the great slowing of the heart, brought about through the influence of the inhibitory mechanism.

The experiments which I have briefly outlined show very plainly that in *Apocynum cannabinum* we have a circulatory stimulant of great power, belonging to the group of digitalis-like substances. I have not, as yet, been able to make extended trials of its use as a practical remedy in human beings, but the few cases in which I have employed it, as well as the results which have been reported by other clinicians, indicate that the drug has a considerable field of utility in practical medicine, but that its usefulness is very markedly lessened by the irritating action upon the stomach. Like digitalis, apocynum shows very frequently a strong tendency to cause nausea, and even vomiting, and, indeed, I am inclined to believe that it is more prone to disturb digestion than digitalis. It is possible that the irritant component of apocynum is not the same substance which stimulates the circulation, and if the active principle were isolated, it might become a practical remedy of exceeding value. This phase of the question I am at present engaged upon, and hope, in the future, to be able to report a separation of a crystalline substance which shall represent the physiological and therapeutic virtues of *Apocynum cannabinum*.—*The Therapeutic Review*.

AORTIC INCOMPETENCY.

By A. F. STEPHENS, M. D., St. Louis, Mo.

The results of errors in diagnosis of the different heart lesions are so far-reaching and disastrous, that the physician ought not to rest satisfied until he is able and competent to recognize every disease of this organ. To inform a patient that he has "heart trouble" of a serious nature when the difficulty is only functional, and thereby make the patient apprehensive and his days miserable, is little less than criminal. Cases have come under my observation where the doctor has, by a faulty diagnosis, taken away as it were by a breath, all the courage and energy the patient possessed and made a physical and mental wreck of the once strong and hopeful man, entailing years of mental and physical suffer-

ing. I have in mind now the case of a man who, on being informed that he had "heart disease" and was liable to drop dead on the least exertion, lost all ambition, became ill and despondent and spent all of his little savings for medical advice which only increased his fears. It took me ten years to prove to that man that he had no more a disease of the heart than I had. But by persistent effort upon my part and the oft repeated assertion that he had no disease of the heart, he finally regained confidence in himself, went to work and to-day no healthier man lives than he. And yet, after a period of twelve years, a cowardly fear comes over him when he thinks of the dire results predicted by the doctors.

My mother was promised a speedy death from heart trouble some forty years ago, while suffering a functional disturbance of the heart which was due to an unruly stomach. She is still alive and in good health at the age of seventy-eight.

Another feature of the subject, is that in connection with life insurance. To examine an applicant for insurance and recommend that a policy be not issued because of an organic heart lesion when such lesion does not exist is an injustice to the applicant which can never be made right, for the rejection stands against him for all time. On the other hand, to recommend an applicant for insurance for a first-class risk and have that applicant die from disease of the heart within a few months reflects sadly upon the physician's ability as a careful examiner. If I therefore, say anything to aid the reader to solve this most difficult problem, I shall feel amply repaid for the effort.

Believing that such mistakes are due to the fact that organic heart lesions are difficult of diagnosis, and that perhaps I can present a picture of these lesions in a way to make them somewhat clearer and therefore more easily understood, I have decided to write a series of article for the *Review* on the diseases of the circulatory system.

In aortic incompetency there is failure to close the aortic orifice, due to disease of the semilunar valve which guards this opening. As a consequence, there is a return flow of blood into the ventricle during the diastole of the heart. The disease may be caused by any of the following:

Acute endocarditis resulting in chronic valvular changes.

Chronic infectious irritants as a result of infectious diseases, syphilis, etc.

Chemical irritants as from uric acid in gout; rheumatism; the effects of alcohol in habitual drinkers, and indirectly from lead poisoning.

Increased aortic tension, occasioned by the immoderate use of alcoholics or other cardiac stimulants; occupation by causing an increase of vascular tension, as in strong-bodied men whose occupation entails a continued strain or tension.

As a result of arterio-sclerosis by extension.

Dilatation of the ascending portion of the arch near the valve; or an aneurism near the orifice.

The disease occurs oftenest in males as the occupations of this sex are most laborious. The age most likely to be affected is that of middle life.

In the beginning of an aortic incompetency the heart muscle through hypertrophy, compensates the valvular deficiency. Thus by increase of muscular tissue, more power is supplied to force the blood onward through the arteries. During the stage of compensation and before extreme dilatation takes place, no untoward symptoms are manifest, except when hypertrophy has markedly increased. When the power of the heart is strongly increased severe muscular effort or strong mental excitement will, by unduly exciting the heart's action, bring on a condition marked by headache, dizziness and tinnitus aurium. The countenance becomes pallid and flashes of light appear before the eyes. Owing to dilatation of the peripheral vessels the patient complains of hot flushes and profuse sweatings. This latter is sometimes looked upon as evidence of phthisis. Dizziness is often most marked when arising suddenly from the recumbent position. Dyspnoea, or shortness of breath, is usually complained of, especially after compensation is beginning to retrograde. Congestion of the pulmonary apparatus is evidenced by oppression in the precordial region and a dull aching pain radiating to the shoulders and down the arms, especially the left. As compensation decreases congestion of the lungs increases and dyspnoea becomes more distressing. Cough is apt to develop as a result of bronchitis due to congestion, and hemoptysis may also result. Late in the disease general venous congestion is prominent, giving rise to cyanosis and malleolar dropsy. Enlargement of the liver ensues which is due to congestion of that organ. General anasarca rarely occurs although it may do so and ascites is sometimes present owing to the obstruction to the portal circulation.

Physical examination reveals an enlarged area of the apex-beat downward to the sixth or seventh interspace and to the left; being most marked between the mammary and anterior axillary lines. The entire zone is distended and the systolic pulsation is heaving in character. There is throbbing of the carotids and temporals due to hypertrophy of the left ventricle. The impulse becomes wavy as enfeeblement progresses and venous pulsation may result from tricuspid insufficiency. Quincke's capillary pulse may be noticeable. This is made to appear by rubbing a spot upon the forehead, which upon ceasing, alternately pales and blushes. The same phenomenon may be noticed in the finger nails. Palpation shows a heaving systolic impulse until the stage of

dilatation when the impulse becomes weak and undulating. A diastolic thrill may sometimes be detected to the left of the sternum. The pulse is peculiar and characteristic. It is full and jerking and on striking the examining finger the wave recedes abruptly; drops away as it were. It is a fluctuating wave and has been named the *water-hammer* pulse; also *Corrigan* pulse. It is best determined when the arm is held in a vertical position. The secondary wave is either absent or delayed.

Percussion gives extended dullness downward as low as the eighth rib and to the left as far as the anterior axillary line. Later, the area of dullness may extend upward and to the left of the sternum, and is due to left auricular enlargement. The right ventricle also enlarges and the area of dullness is carried to the right. After dilatation succeeds hypertrophy the area of dullness is extended transversely and upward.

Auscultation detects a diastolic murmur which is most distinctly heard at the junction of the right third cartilage with the sternum. This murmur may be transmitted far to the left sometimes, and can be detected in the region of the spine. It may be heard by applying the ear over the vessels of the neck. It is soft in quality and long-drawn; a blowing sound. It is sometimes loud and rough owing to tissue changes in the valve. In marked incompetency the diastolic murmur takes the place of the aortic second sound. We sometimes hear a systolic murmur which is due to the roughened condition of the segments. It is harsh and brief, corresponding in time to the period of systole. Remember, however, that the characteristic murmur is diastolic as to time. It will be remembered that the aortic second sound is due to sudden closure of the aortic valve as it is forced shut by the recoil. One can readily see that as the valve fails to close, the second sound must become fainter; and when a sufficient degree of insufficiency is reached, will almost if not entirely disappear; hence in advanced cases of aortic incompetency the normal second sound will be displaced by the diastolic murmur. I remember a case which came under observation a few months ago wherein a diagnosis of hydropericardium was made and the reason given by the professor was that the heart sound was inaudible. To this fact was due the belief that there was "water 'round the heart." It was a case of aortic incompetency having all the distinctive symptoms of that disease.

Summing up, the distinctive diagnostic signs of aortic incompetency, are: Hypertrophy; water-hammer or Corrigan pulse; the peculiar pulsating arteries; a diastolic murmur, and absence of, or indistinct, aortic second sound.

In order to make these phenomena plain and clear of comprehension we will do what we can to give a lucid description of the mechanism of

the circulation in the normal state as well as in disease. Taking the healthy circulation first, we find that when the heart is in systole (act of contracting) the blood which is in the ventricles is forcibly thrown into the vessels leading from the heart. On completion of the systole the aorta is distended and being forcibly dilated, tension is the result and the muscular fibers of the vessel are put upon the stretch. Diastole succeeding to the systole the ventricles receive a new supply of blood through the auricles. At the same time the reaction of the tense aortic tube forces the blood within it both forward toward its distal extremity and backward toward the heart. The valve which guards the aortic orifice has its segments projecting into the aorta, away from the ventricular cavity. The force of the blood behind the segments and against the inner wall of the vessel forces the segments together at the orifice which closes that opening so that no blood returns to the heart, but is forced on into the capillaries. The coronary arteries arising as they do directly in front of the aortic ring, receive their supply of blood by reason of the aortic recoil. It is well to remember this fact as we will find that in the disease under consideration the heart muscle must suffer from lack of nutrition, due to a deficient supply of blood; hence a final dilatation and weakness. In the normal state the empty left chamber opposes no obstruction to the entrance of blood from the left auricle which has been received from the pulmonary circuit. Consequently there is free access to the blood coming from the right side of the heart to the lungs. The right side of the heart having no obstruction to overcome, offers no hindrance to the normal flow from the venous tree and as a result of this there is no stasis in the capillaries, which receive freely the blood that was sent out by the systole. You will observe that the circulation has been traced backwards.

One must have a clear conception of the normal revolution of the circulation to be able to comprehend the abnormal.

Starting again with the systolic action of the heart in which there is an aortic incompetency we will trace the effect upon the circulation. The blood is forced into the aorta as in the normal state. The systolic period being completed, the diastolic succeeds and the heart relaxes. But now the valve is diseased and instead of complete closure of the aortic orifice at the recoil, it fails and a portion of the blood which had been thrown into the aorta finds its way back into the heart chamber. The first effect upon the circulation when this blood is returned to the chamber, is to take away a part of the pressure from the outgoing current which is being sent along the arteries. The result is that while the pulse at the wrist strikes the examining finger with force owing to increased power of the heart from hypertrophy, it recedes abruptly and we have the water-hammer pulse as described in a previous para-

graph. The effect upon the capillary circulation is to lessen the *vis a tergo* in support of it. Going back now to the starting point we find that owing to the insufficiency of the valve to close and the escape of the blood from the aorta into the ventricle (regurgitation), the effect of the force at the ring is to a great extent lost and the coronary arteries are not filled. The result is that the heart muscle suffers in its nutrition which is to end in weakness and dilatation. Passing on into the chamber we find that it is partially filled now by the act of regurgitation and this necessarily offers an obstruction to that portion of the blood coming from the lungs. The ventricle is being filled from forces acting from above and below, hence the tendency is to over-distension which means more work for the heart muscle. This means more power, and nature responding, hypertrophy comes. Proceeding, we find that the obstruction is carried to the auricle, thence to the lungs and the result is a damming back of the pulmonic flow. To overcome the obstruction in the lungs the right heart must exert more power to force the blood into them, hence an hypertrophy of the right. But the effect does not stop here and the obstruction is carried still further and the venous circulation is interfered with to such an extent as to hold the blood in the capillaries, therefore the general venous congestion spoken of when describing the symptoms. As was seen, forces acting from opposite directions must have the effect of continuous congestion of the lungs, hence dyspnoea, cough and sometimes hemorrhage. General venous congestion gives the symptom known as malleolar dropsy and sometimes anasarca. Congestion of the portal circulation, if of sufficient gravity, leads to ascites. Owing to the congested condition of the capillaries it is easily seen why there should be headache, dizziness and tinnitus. Nature compensates by increase of muscular structure. She fails when the nutritive supply is reduced below what is necessary to sustain the life of the part at the normal standard and such reduction being continuous in this disease, the failure is progressive.

I have tried to make the subject plain and simple as possible at the risk of being tedious; but one can have no adequate conception of the different lesions of the heart without a thorough analysis of the mechanism of the circulation and a knowledge of the effects of interruption of the normal state of the different parts.

The treatment of aortic incompetency is mainly palliative and protective. By these means the disease process may be held in check and a moderate degree of comfort secured as well as a prolongation of life.

It is hardly necessary to speak of prophylaxis. In all diseases

that may result in valvular difficulty the physician will do all that can be done to prevent such an occurrence. It is in those cases that have progressed far enough to present the symptoms of incompetency that treatment is recommended in this article.

During the stage of compensation the patient will avoid all things that tend to aggravate the disease; such as, an occupation that requires undue muscular effort; violent exercise of any nature; lifting or straining, etc.; avoidance of alcohol in all its forms as well as tobacco. Moderate and systematic exercise is to be recommended. Tranquility of mind is to be desired. Attention should be paid to diet. I do not mean to put the patient on a certain prescribed list of foods, but rather to limit the amount. It is essential that he do not overload the stomach and to do so will aggravate the disease and add to his discomfort. If the occupation of the patient is laborious, he must change to one that will not be. By so doing he will improve and may regain a state of comparative health. Referring again to diet I would recommend that the patient eat but two meals a day and let those be moderate in amount and in the main composed of vegetables and fruits. Meats if eaten at all should be sparingly indulged in and then not more than twice or thrice a week. Plenty of water should be taken daily. It will aid much in retarding the progress of the disease.

Remedies looking towards the relief of the symptoms as they arise will be needed and among them may be mentioned cactus, pulsatilla, nux vomica, apocynum, the special sedatives and perhaps in the later stage the stimulants. It is not well to nag at the heart in organic troubles for the effect of much sustaining and whipping is to weaken more rapidly than to let the natural forces attend to the matter,

As this article is already of considerable length it will be unnecessary to enumerate the specific indications for the remedies mentioned, as they may be found in our eclectic publications.—*The Eclectic Review.*

IRON AND ITS USES.

By JOHN O. CUMMINS, M. D., Isom, Tenn.

Iron is the most abundant of metals, forming a large part of the crust of the earth and of vegetation, while in animal life it plays an important part. In the metallic state it is inert and acts only mechanically. When it enters the alimentary canal, and afterwards the blood, it improves the quantity and the quality of the latter. Red corpuscles in the blood produce ozone from the oxygen absorbed, and iron is food for these corpuscles, increasing their ability to carry oxygen. In

chlorosis we find a marked example of the diminished number of red corpuscles; and because of the deficiency of iron in the blood the administration of it improves the patient. Iron is absorbed very slowly and in small quantities; hence it must be administered in small doses or it will not be absorbed, and may prove very irritating. In proper doses it is absorbed and may be detected in the blood and urine. In large doses it colors the feces dark or black. In small doses it improves the color of the skin, increases the appetite and digestive function, and gives tone to the whole muscular structure.

There are many preparations of iron, some strong and others mild. We must choose among these according to the special conditions of the case on hand. As in excessive anæmia or passive hemorrhage the stronger preparations are needed, as the sulphate or chloride; but in ordinary debility, the mildest and most unirritating are the best, as ammonio-citrate or citrate of iron and potassium.

We will notice briefly a few of the preparations of iron most commonly in use. First we will take up the syrup of the iodide of iron. This is pale green, transparent, having a neutral reaction and a sweet ferruginous taste. It is alterative, tonic and emmenagogue; dose from ten to thirty drops, well diluted with water; large doses sometimes cause gastric irritation. It is used principally in scrofulous patients when an alterative and tonic are indicated. It increases tone generally and improves the appetite and digestive powers. That part not assimilated is removed by the kidneys. In anæmia of phthisis it gives strength and increases the excretions. Children of a scrofulous diathesis with enlarged lymphatic glands will be greatly improved by the use of the iodide of iron. It will relieve the pain and establish the proper discharge in dysmenorrhea of anemic females of a scrofulous diathesis. Tuberculous skin diseases are relieved by this preparation. It is of great value in secondary and tertiary syphilis.

Among the best preparations of iron and one that is unirritating and pleasant to the taste is the ammonio-citrate of iron. It is an excellent tonic and is especially good in anemic conditions of children. For a child five to ten years of age give doses of from two to five grains in a teaspoonful of water, syrup or wine. It is a good chalybeate in dyspepsia with marked anemia and irritability of stomach. In chlorotic females given with a bitter tonic it improves the blood, appetite and general strength.

One of the most powerful preparations of iron and the one most generally used is the tincture of the chloride of iron. To a marked degree it is tonic, astringent and diuretic. It is indicated in all atonic conditions. It is a good remedy in passive hemorrhage from the uterus or bladder of debilitated patients, giving doses of ten drops well diluted with water. In diphtheria given with chlorate of potassium it is very

helpful, and it tends to maintain the general strength. In phthisis tincture of chloride of iron checks diarrhea by giving tone to the muscular coats of the bowels, and it also lessens night-sweats and controls hemorrhage; give five drops every three hours. It is a very excellent agent for anemic females with leucorrhea, chlorosis or dysmenorrhea.

We give chloride of iron with confidence in genito-urinary troubles where there is no active inflammation, as it combines diuretic and chalybeate properties. For erysipelas it is a remedy par excellence, it exerts a specific influence, reducing the fever, and aiding in the elimination of the erysipelatous poison; it is indicated by the deep red color and swelling of the mucous membranes. We use it internally and externally; give twenty drops every four hours, and apply iron and glycerine, equal parts, to the affected part and cover with cotton, apply every three or four hours. In chronic ague give chloride of iron with quinine.

The hydrated oxide of iron is an antidote to arsenic poisoning, it must be prepared as needed. To prepare, mix either solution of ferric chloride or solution of ferric sulphate with four times its bulk of cold distilled water, add to this with constant stirring ammonia water, until the latter is in slight excess; drain the precipitate on a muslin cloth, and wash it well with cold distilled water. If in great haste need not take time to wash the magma, but administer freely at once in tablespoonful doses. Thirty-five parts are needed to neutralize one part of arsenic. The stomach-pump should be used first. This preparation converts arsenous acid into arsenite of iron, which is comparatively harmless.

Sulphate of iron is one of the strongest of iron preparations; it is tonic, astringent and emmenagogue. It is a good agent in hemorrhage, colliquative sweating, diabetes, chronic catarrh of the bladder and leucorrhea; give one or two grains three times per day. It is excellent in hemorrhage of anemic patients.

Monsel's solution is an unirritating styptic. Applied on a pledget of cotton it will relieve nose bleeding or bleeding from any surface. Five to ten drops frequently repeated will control hemorrhage from the stomach or rectum. Mix equal parts of Monsel's solution and tincture of opium and apply to hemorrhoidal tumors; it will relieve the pain and dry them.

The ferrocyanide of iron is tonic and antiperiodic. If you want to break up a case of chills of long standing give the following prescription: R. Ferrocyanide of iron, sulphate of quinine, $\frac{aa}{3}$ iii; alcohol, water, $\frac{aa}{3}$ q. s. $\frac{3}{3}$ viii. M. Sig.—One teaspoonful in water four times per day. Shake well. The modus operandi may be that the patient quits having chills in order to get rid of the treatment.

CAPILLARY DIETETICS.—That there is a relation between the scalp and the stomach, says *Health*, is a fact upon which the wise woman ponders, and she regulates her dietary accordingly.

Women who have the finest hair live principally upon fruits, grains and vegetables. Vegetables and cereals are hair tonics. Too much meat and milk cause atrophy of the roots, and, of course, the hair comes out as a result of this condition.

Milk is the poorest diet for the hair. Nor are tea and coffee much betterers as promoters of hair growth.

If the hair is falling out, eat little meat and drink no milk; live upon fruits and vegetables. Fruits give luxuriant locks, especially those containing iron. Prunes, cranberries and spinach are also useful articles of diet if one would have fine hair. Hair that is growing coarse demands a diet containing albumin and gelatine.—*The Medical Times*.

DANGERS OF HEROIN.—Among recent synthetic products none is more widely used than heroin, an artificial or rather synthetic morphine salt, which many physicians employ with the idea that it is a harmless succedaneum for morphine. On the contrary, it has all the dangers of morphine salts in general and additional dangers of its own. Cohen, writing in *American Medicine*, says he has seen suppression of urine and threatening coma from small doses of heroin (one-twelfth gram) prescribed to check cough or relieve pain. Especially dangerous are the trade preparations containing heroin, the composition being sometimes expressed in their proprietary titles and sometimes not. These combinations are widely advertised as cough syrups, asthma cures, etc. He declares that preparations of this character should never be used by physicians, who should be able to make their own combinations with or without morphine, and adapted to the needs of the individual case before them. Heroin is one of the most toxic agents of the morphine group.—*Modern Medicine*.

NOTES AND SOCIETIES.

THE Eclectic Medical Institute began its fifty-ninth annual session Sept. 21st, and the present outlook presages a large attendance and a successful term. The teachers have enthusiastically taken up the work. The older members of the faculty extend a hearty welcome to the recently acquired teachers, and harmony, that state to be desired above all things for successful work in a medical college, prevails. Young men who contemplate the study of medicine should come in before Oct. 17th, and thereby save a year, which might be lost by procrastina-

tion. In these days when a four years course is demanded every month counts. Make up your minds quickly and come in this year, for you still have time enough after this issue of the *GLEANER* reaches you. Remember that in *all States*, but New York and Ohio, a graduate of *any high school* is admitted without examination. In New York a *regent's certificate* of 48 counts is necessary. In Ohio a *first grade* high school diploma will admit, otherwise an examination is required. There is no better time than *now* to enter, and the new dean, Dr. Thomas, and the faculty will see to it that you are an *educated eclectic* physician when you graduate from the halls of the old E. M. I.

THE officers of the Ohio State Eclectic Medical Society, have taken time by the forelock in beginning operations looking toward the forty-first annual meeting, to be held in Columbus, O., May 2, 3 and 4, 1905. They have already issued a bulletin giving complete details in regard to hotel arrangements and have outlined the section work and appointed officers for each section. The meetings at Columbus are always successful and largely attended; and the work of the entertaining committees has always been such as to be happily remembered. The committee this year is composed of Drs. Fred. Williams, S. M. Sherman, W. E. Postle and Ralph B. Taylor. Can you conceive of a better one? These names alone insure a royal entertainment. The officers have recognized the expediency of spending money in issuing bulletins from time to time, and we know of no method that will give a surer harvest. Ohio is proud of her splendid society and this early and persistent movement is bound to add to her honors. Keep your eye on these young men and the Ohio Society. Read what they offer, and then, men of Ohio, join in and do your part.

The Executive Committee was called together by the President, Chas. Gregory Smith, M. D., at the Great Southern Hotel, Columbus, Tuesday, August 30, 1904. All the members of the committee were present save one. Drs. Williams, Postle and Taylor, of Columbus, also met with the committee.

The Great Southern Hotel Company submitted the following proposition to the committee, which, after due consideration and investigation, was accepted and a contract signed, which makes the Great Southern our next meeting place. Rates: American plan, \$2.50 to \$4.00 per day. European plan, \$1.00 to \$4.00 per day. The annual banquet is to be held on Wednesday Evening at 8 o'clock, at which time the Association will have exclusive use of the dining-room. Guests of the hotel are to be charged 25 cents extra per plate, and those not stopping at the hotel, \$1.00 per plate. The hotel grants free use of the convention hall, committee rooms and exhibit space.

The motion to appoint Drs. Williams, Sherman, Postle and R. B.

Taylor a Committee on Entertainment was unanimously carried. They will have something of interest to announce later.

The committee decided against having any advertising matter on the program for the next meeting. Bulletins and circulars were authorized at such times as would tend to keep Association matters before members and stimulate interest in the next meeting.

A chairman, vice-chairman and secretary were appointed for each section, believing that interest in section work would be broadened thereby, and the securing of a larger number of good papers be made possible. The vice-chairman will preside in case of absence of the chairman, and all will be instructed to solicit papers and work for the interest of their several sections.

The section of Obstetrics, Gynecology and Pediatrics was divided, making Pediatrics a separate section.

The list of officers appointed for the various sections is as follows:

Section I—Materia Medica and Therapeutics. Chairman, T. D. Hollingsworth, M. D., Creston; Vice-chairman, J. V. Athey, M. D., Belpre; Secretary, H. B. Kirkland, Berea.

Section II—Mental and Nervous Diseases. Chairman, Bishop McMillen, M. D., Shepard; Vice-chairman, H. C. Duke, M. D., Richwood; Secretary, E. I. Dozer, M. D., Crooksville.

Section III—Pediatrics. Chairman, F. G. Mitchell, M. D., Marietta; Vice-chairman, H. W. Powers, M. D., North Amherst; Secretary, R. V. Dickey, M. D., Lima.

Section IV—Surgery. Chairman, A. Rhu, M. D., Marion; Vice-chairman, G. W. Deem, M. D., Hilliard; Secretary, A. F. Green, M. D., Cleveland.

Section V—Pathology and Practice. Chairman, W. K. Mock, M. D., Cleveland; Vice-chairman, Thos. Bowles, M. D., Harrison; Secretary, L. W. Naus, M. D., Upper Sandusky.

Section VI—Obstetrics and Gynecology. Chairman, B. B. Buck, M. D., Waterville; Vice-chairman, R. C. Hunter, M. D., Wapakoneta; Secretary, J. D. Smith, M. D., Dayton.

Section VII—Ophthalmology, Otology and Laryngology. Chairman, A. S. McKittrick, M. D., Kenton; Vice-chairman, C. L. Harding, M. D., Bellevue; Secretary, W. C. Wren, M. D., Tippecanoe City.

Section VIII—Electro-Therapeutics. Chairman, C. H. Scott, M. D., Watertown; Vice-chairman, E. E. Bechtel, M. D., Lodi; Secretary, W. M. Brubaker, M. D., Green Camp.

Section IX—Miscellaneous. Chairman, Edwin Scott, M. D., Toledo; Vice-chairman, C. A. DeWitt, M. D., Atwater; Secretary, J. S. Hull, M. D., Hicksville.

It was ordered that a postal card addressed to the Corresponding Secretary, J. J. Sutter, M. D., Bluffton, be enclosed with this bulletin to

each member, with the urgent request that the blanks be filled out immediately and mailed to the Secretary. Compliance with this request will materially hasten the preparation of the complete program.

The session of the committee was a very enthusiastic one, and great interest with a determination to make the 1905 meeting a record breaker was manifested.

The Texas State Meeting will be held at Galveston, Oct. 12 and 13, 1904. Good meetings, we must remember, can only be held when doctors turn out and help to make them good. Every eclectic in Texas should be found at this meeting, and if any step over the State boundary line they will find rare hospitality, such as only the South can give, and all will be well repaid for the courtesy shown their sister society. Among the special visitors and speakers will be Prof. J. U. Lloyd, of Cincinnati, O.

Few States have forged ahead in eclecticism as rapidly as has the "Lone Star State." Heed Dr. Johnson's appeal and insure another good Texas meeting:

Wives of Texas Eclectics :—At the meeting to be held at Galveston, the 12th of October, I hope to see the wife of every eclectic in Texas. Kind women, if you knew how much your presence added to our meetings, you would always be on hand to give cheer and encouragement to our cause. So you might as well retrim your last year's bonnet and darn that brown skirt and get ready to go to Galveston, for the officers will expect you. I can understand why some of you don't like to accompanying your husbands to these meetings, but if you will attend the meeting this time and pick the lint off his shoulder and insist on an occasional shine, I feel that you will be encouraged to attend future meetings, thereby giving moral support to those who are earnestly laboring to better our branch of the profession.

Some of you may have husbands that don't want you to attend for fear that you may see a handsome man. I can readily understand their position, and feel that it would not take much argument to sustain their proposition, but insist on your attending this year, and may be that it will result in the old gentleman getting the kinks out of himself, and by next year you will be proud of the old gent.

We want your moral support, advice and presence. It may be that you don't like to associate with us, but if you attend this year we will promise to press the knees of our trousers into shape before leaving home and to visit the barber shop the morning the Association is called to order.

Again, kind women, let me insist upon your attendance at the Galveston meeting. When you are present we feel encouraged—feel that

our wives are personally concerned about our success. We want you to share with us any benefit that may come from our meetings, and we know you are willing to give comforting words should we fail in any way.—*G. W. Johnson, San Antonio, Texas.*

THE veteran and enthusiastic eclectic, Dr. Henry Wohlgemuth, E. M. I., '54, of Springfield, Ill., has made the library a donation of four large boxes of journals, pamphlets and books. These are peculiarly acceptable, because, owing to the long period of time that the doctor has been collecting eclectic publications, many missing links in the library will be filled by this donation.

The duplicates of such consignments as these are always in order, because the shelves of the library are being constantly replenished through exchanges that are made with other libraries, and through societies that need such duplicates to complete their sets. When it is stated that the Lloyd Library has now stored and indexed over 30,000 duplicate journals, and journals fit for exchanging with other libraries, but not suitable for the shelves of the Lloyd Library, it will be seen that such a collection as this furnishes a great opportunity to medical libraries in need of missing numbers.

Dr. Wohlgemuth is well-known to the older eclectics, was the pioneer eclectic of Springfield and a personal friend of Abraham Lincoln. As president of the Cemetery Association of his city it was his melancholy duty to receive the body of the first "martyred President," and to arrange for the burial. Dr. Wohlgemuth, though now past four score years, was one of the most interesting and interested of the physicians who attended the National at St. Louis. He was on duty at every session, and always had something good to offer.

Young men of the East, you have at your very door, the newly reconstructed building of the Eclectic Medical College of New York, of which Dean Boskowitz and the faculty are justly proud. It is your duty to see that its seats are full. The teaching is eclectic to the core, and more than ever before is specific medication and American *materia medica* given great prominence in the curriculum. The session began Sept. 26th.

We are in receipt of Volume I, No. 1 of *The Nebraska Physician*, a new monthly journal of eclectic medicine and surgery, and the official organ of the Nebraska State Eclectic Medical Society. This neat little journal is edited by Drs. F. L. Wilmeth, W. N. Ramey and J. D. Keys, a sufficient guarantee that it will sustain eclecticism and be a powerful aid to the society under whose auspices it is published. The *GLEANER* congratulates the editors and the Nebraska society, and commends the *Nebraska Physician*, to eclectics wherever located.

BOOK NOTICES.

The **GLEANER** will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for *complete* price list of medical and surgical works.

First Lessons in the Symptomatology of Leading Homeopathic Remedies.
By H. R. Arndt, M. D. 271 pages. Cloth, \$1.25, net; postage, 5 cents
Philadelphia: Boericke & Tafel, 1904.

This modest volume contains more than its title "First Lessons" would imply. The leading symptoms for the administration of remedies homœopathically, are set forth under each respective drug. The work is interesting to all physicians alike, inasmuch as it gives at a glance the uses of remedies according to the guiding symptoms of homœopathy. Of undoubted value to students during their college course and to the graduated physician to refresh his memory.

Essentials of Diseases of the Eye. By A. B. Norton, M. D., Professor of Ophthalmology, in The New York Homeopathic Medical College; author of "Ophthalmic Diseases and Therapeutics," etc. 349 pages. Cloth, \$1.75, net; postage, 10 cents. Philadelphia: Boericke & Tafel, 1904.

For clearness of statement and compactness of subject matter we know of no work that excels Norton's *Essentials of Diseases of the Eye*. The methods of examination, and the principles and nomenclature of ocular practice, and the distinctive symptoms are so graphically set forth that no physician who has studied them could go astray in recognizing diseases of the eye. All physicians can not be specialists, but the ordinary doctor should be so equipped theoretically at least, that he might not only be able to treat the commoner diseases of the eye, but more particularly to be able to recognize conditions early that need the attention of the trained ophthalmologist. This book will show him the way. Concise, lucid and practical, it should be placed early in the hands of students of medicine. The treatment is homœopathic.

An Original and Comprehensive Method of Intra-Uterine Medication for the Treatment of the Various Forms of Uterine Diseases. By Charles Woodward, M. D., Chicago, Ill. Pages 208. The Woodward Publishing Company, 762 Warren Ave., Chicago, Ill., 1904. Price, \$2.50.

For nearly thirty years Dr. Woodward has been practicing the method published in this volume, that of "cleansing the uterine cavity in the treatment of all forms of inflammatory and septic diseases of the uterus, by the interrupted stream method." This treatment has proved so successful in his hands, that he now offers it in detail to the profession. The book is well worthy of a perusal, for it will be found to contain much

that is new and valuable. Among the "facts" he has observed is that "during from 2 to 6 months of uterine gestation the uterus may be washed out any number of times, in some instances stopping nausea as well as other reflex irritations, without danger of producing abortion." We question the advisability, even if this statement be true, of offering such startling information to physicians at large, for they might not always be so successful in this line as the specialist who has learned to use the method with safety. Among the medicaments employed as topical applications are many well-known to and long used by Eclectics, such as hydrastis, echinacea, etc. The book fills a place all its own and will enlighten physicians upon many points in gynaecological practice.

The *Delineator* for September, 1904, contains unusually good articles on "Around the World in Eighty Pictures," and "Rebecca Williams"—the fifth of a series of papers on "Great Women of Pioneer Times." Published by the Butterick Company, (Ltd.) Paris, New York, London and Toronto. \$1.00 per year; 15 cents single copy, at all bookstores and newsstands.

Transactions of the New York Academy of Medicine, 1896-1901. Semi-centennial celebration of 1897. Printed for the Academy, 1903.

This volume contains many valuable papers on medical topics and medical history, besides memorials of departed members. It recounts the semi-centennial proceedings and among the papers is the address of President Grover Cleveland, on the occasion of the semi-centenary of the academy. When many so-called Transactions are forgotten, this volume will be sought for and found in the best libraries of the country.

Good Things—Old and New.

A SCOTCH DOCTOR'S OPINION.—*The Quarterly Journal of Inebriety*, so well and favorably known through the instrumentality of its brilliant and philanthropic editor, T. D. Crothers, A. M., M. D., quotes the following statement in reference to pain relieving remedies, from one of Great Britain's noted medical men, Dr. John Stewart Norvell, Resident Surgeon, Royal Infirmary, Edinburgh: "Antikamnia Tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coal-tar analgesics are entirely absent, and they can, therefore, be safely put into the hands of patients for use without the personal supervision of the physician."

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

NOVEMBER, 1904.

No. 11.

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To whom all communications in reference to articles and matters for publication should be addressed.

Published at THE LLOYD LIBRARY, 224 West Court Street, Cincinnati, Ohio.
To which all subscriptions, advertisements, and matters of business should be addressed.

EDITORIAL NOTES.

OUR forefathers, when any good thing had come unto them, stopped in the midst of their duties and gave thanks. It was their wont even to congregate in a public manner and celebrate the giving of thanks in public ceremony. To them these festivals of praise and thanksgiving to the Author of all blessings was as sacred as were those commanded of the children of Israel in Holy Writ. Is there any reason why this good old custom, which makes us stop in our mad rush for gold and fame to think—to reflect—to retrospect—should not be as sacred to us now as it was to our progenitors. We think not. Surely the world has much to be thankful for, and particularly has the doctor much more to be thankful for than his predecessors of colonial or even later days. Medical strife as known in those days are familiar to us only as narratives of the days of beginnings in America. To-day we are practically free from medical warfare; even the refusal of a practitioner of opposite faith to meet another doctor at the bedside so common a decade ago is now a rare thing among educated and gentlemanly physicians. And who to-day has greater reason to halt and give thanks than the eclectic physician, conscious of the greater growth of his school, the success of his colleges, the strength of his national and lesser organizations, the growing popularity of his practice, and the rising army of well educated and morally qualified students who are earnestly preparing for their life work that they may add honors to those already won? Who is it among all the members of the polite professions that works against himself, apparently but not truly, in his effort to better the conditions of mankind that sickness may be contraventured, and then enjoys the beatific consciousness of duty well performed?

In view of this approaching holiday let us recall something of its history. From the day when the Israelites rejoiced and gave thanks at the feast "at the ingathering of the year, or feast of the Tabernacles," the civilized world has intermittently observed public thanksgiving ser-

vices, either of rejoicing at the days of harvest-home, or at feasts commemorative of deliverances from enemies against the public welfare, or the visitations of pestilence, drought or famine. In our own country good old Governor Bradford set the custom after the first harvest had been garnered by the colonists at Plymouth, in 1621, by sending into the woods in search of fowls four hunters "that they might after a more special manner rejoice." During the American Revolution, for victories secured, and at its close, in acknowledgment "of the signal favor of the Almighty in permitting them to establish a free government" Congress requested President Washington to appoint a public day of fasting and prayers. Thursday, November 26, 1789, was the day set and this may be very properly regarded as our first *national* holiday. Singularly the custom of having an officially appointed day was not generally observed during the greater part of our national history, but was revived by President Lincoln in 1863, since which time this most characteristically American observance has been annually decreed by those in power from the chief magistrate of the nation to the mayors of municipalities. Since Lincoln's revival of the custom we have had a *permanent* Thanksgiving Day, set for the fourth Thursday of November, unless otherwise decreed.

Let us then be true to our better feelings, true to our Americanism, and duly observe this day with thanks for our blessings and prayers for the peace of all mankind.

THE paper read before the Pennsylvania State Eclectic Medical Society by Dr. Shaulis, and reproduced in this issue from the *Eclectic Medical Journal*, concerns some leading eclectic remedies and furnishes much food for thought. We are interested particularly in that portion relating to pilocarpus, the author evidently having carefully studied it with a view to its specific application. Pilocarpus is not one of the old eclectic medicines, for before the Brazilian Doctor Coutinho carried the drug to Paris in 1878, where its reputation as a sialagogue became established, it was practically unknown outside of botanical circles, where it had been exploited by Lemaire in 1854. Since its introduction into the supplement of *American Dispensatory*, in 1880, it has attracted considerable attention in the therapeutic world. While, as above stated, it is not an old eclectic drug, it has become a prominent eclectic medicine by adoption and development, having now to its credit the peculiar uses established by members of our school. The regular school has leaned more strongly toward its alkaloid pilocarpine. Among those who have studied this drug and made it prominent through their recorded observations may be mentioned Prof. H. T. Webster, of Oakland, Cal.; Prof. K. O. Foltz, of Cincinnati O.; Prof. W. H. Kinnett, of

Chicago, Ill., and Dr. H. A. Wolf, of Dennison, O. Prof. Locke, in his lectures before the classes of the Institut, strongly advocated its more extensive use. Even now, while we have many excellent papers devoted to the drug it will bear restudy and there is no better time than this season of the year in which to do it.

Pilocarpus, under the name jaborandi, which we hope to see dropped some day, is now official in the United States Pharmacopæia. While a few years ago other species were directed for the making of fluid preparations of pilocarpus that authority now permits only the use of that small-leaved species known as *Pilocarpus microphyllus*, as named by Stapf. This is just, for this is the species that yields the best medicinal effects and that which is used in the application of specific medical treatment by eclectic physicians. Some of the other species yield only fairly good medicines; some of them worthless ones. The first requisite then is a medicinal preparation true to authority above given in so far, at least, as the selection of exact species is concerned.

In the line of therapy the further verification of the uses of the drug as now recorded should be our first concern; if found exaggerated the record should be cleared.

The action of pilocarpus on the skin is well established—increasing the sudoriferous secretion when scanty and restraining it when profuse. As early as 1891 Prof. Webster classed it with Prof. Scudder's "special sedatives" and since that time its use in sthenic fever for the reduction of temperature, slowing of the pulse, and calming of nervous erethism has become more and more extended. The employment of large (drachm) doses in the delirious, comatose and colliquative forms of pernicious intermittent fever, as proposed by Webster, has stood the test of experience. A remarkable result from the single large dose of specific jaborandi was reported a few years since by Dr. Wolf—in which a crisis was promptly established in a case of typhoid fever during the stage of dangerous delirium. In this use of the medicine we, personally, have been less fortunate than Dr. Wolf. Its action on rigid os uteri, in glandular affections, such as tonsillitis, mastitis, and parotitis, should be more extended and will be, we predict, when physicians become better acquainted with its action in such inflammatory disorders. Pilocarpus should not be forgotten in painful muscular involvements, particularly if there is puffiness of the parts affected. Therefore it should be taken into consideration in the treatment of muscular rheumatism and lumbago. The essayist's success with it in gonorrhœal rheumatism, so called, (gonorrhœal arthritis,) suggests that we reserve a place for it in our memories for successful remedies for that condition are not common nor plentiful. Pilocarpus should be further studied to determine its value in disorders of the female reproductive tract. Foltz, from its

use in a series of cases, calls attention to its beneficial effects in neuralgic dysmenorrhœa. In eye, ear, nose and throat work his observations on this drug are the best extant and alone would constitute a valuable paper. Summed up they record its value in conditions based upon dryness of tissues or perversion and deficiency of secretion, effusion into tissues or cavities, and in atrophic conditions of the mucosa and submucosa. We repeat that the drug will richly repay restudy and the autumn and early winter will give abundant clinical opportunities for testing its value.

A CAREFUL perusal of Dr. Ramey's article on Acute Anterior Poliomyelitis, republished from the *Nebraska Physician*, will serve to refresh the memory concerning a diseased condition too often misdiagnosed or at least very frequently attributed to wrong causes. Ordinarily the practicing physician does not devote a great deal of time to the study of literature upon the diseases of the nervous system, evidently feeling content to leave that work to the neurologist. There are, however, some conditions encountered, involving the nervous system, that every practitioner should be very familiar with and one of these conditions is that disease of unfortunate infants known as infantile spinal paralysis. Its other names are atrophic paralysis of children and essential paralysis of children, as well as poliomyelitis anterior acuta, or as the doctor's paper has it, acute anterior poliomyelitis. While a similar lesion may occur in adults this disease is most likely to affect little children from a few months old up to four years of age. It is admitted that it is difficult to detect this disease in the early febrile stage, which resembles that of an acute infectious fever, but when the supervening paralysis comes on then the diagnosis is comparatively simple.

A sudden elevation of temperature even though it be mild, of a remittent character, lasting but a few hours or days, and followed by sudden and complete paralysis, tending to improve somewhat, but being followed promptly by a progressive atrophy of the muscles affected should point unerringly to acute spinal paralysis. The paralysis may occur in the legs or the arms, as it usually does, or rarely some other groups of muscles may be affected, according to the segment of the spinal cord involved. There is usually some pain, muscular twitchings or tremors, and the chief cerebral symptom, if present at all, will be delirium, undoubtedly due to the febrile state. Otherwise mental symptoms are absent. Sensation in the paralyzed part is never lost, the motor power only being defective. These symptoms, together with the fact that the child has been in perfect health up to the moment of the sudden attack, the fact that the paralysis reaches its height immediately and then quickly tends to get some better, but leaves the muscles flabby,

cool and cyanotic, and the absence of cerebral symptoms before, during or after the immediate attack, make the diagnostic picture a clear and unmistakable one.

The fact that this disease may do irreparable injury in so short a time has led many to attribute it to injury sustained at the hands of nurses or attendants, who are, of course, wholly innocent. It is to this unpleasant crimination that we desire to call especial attention. The symptoms and causes should be so well known to the ordinary physician that he may never make the mistake of charging upon the innocent the wreck of the spinal cord which causes the deplorable affliction. So many times have we heard parents say that the little nurse-girl (usually) or some one else "let the child fall and that limb has never been right since." Whereas, while traumatism does occasionally produce this state, it is far more commonly caused by previous contagious and exanthematous diseases, by exposure to cold and dampness, particularly allowing the child to lie upon damp ground, and to other causes. Remember, that a robust child of previous good health may go to bed at night sound and well and wake up the next morning a cripple for all time. An infectious or otherwise acute inflammation of the anterior horns of the gray matter of a segment of the spinal cord of one or both sides has caused the mischief, and care should be taken to impress this upon the parent that the innocent attendant may not be made to suffer the stigma of having crippled a young life. While unpromising so far as treatment is concerned, that recommended by Dr. Ramey is characteristically eclectic, and supportive of our doctrine, that we should treat conditions as the symptoms reveal them to us without special reference to what name the disease shall bear. We thus gain time and by controlling active conditions early the lesion is less apt to be extensive, and when the paralysis does supervene it may be of less pronounced character and we will have the consciousness of having taken the matter in hand promptly so as to enhance the future chances for recovery.

IN OUR last issue we called attention to the fact, as chronicled by the Journal of the American Medical Association that the eclectic school was increasing. As we stated in our editorial we were gratified that this increase was not only in point of numbers but that a marked increase in general scholarship has been constantly apparent during the past few years. It was but a decade ago when the requirements for entering colleges were very meagre, the commonest sort of common school education sufficing, while certificates and diplomas from all kinds of literary institutions were accepted as credentials admitting to a course in medicine in our colleges. Since then the requirements have been gradually

increasing until at the present writing the standard of some states now exceeds that which was at one time regarded as qualification sufficient for graduation from literary colleges of high standing and repute. In the main this is commendable and barring a few of the selected studies for this higher curriculum, and the possible animus in some quarters for this movement, which we do not propose to discuss here, we can heartily endorse these efforts for better educational requirements, and they will, we believe, and ought to meet the approval of the profession at large.

Without making invidious comparisons of variations in qualifications, which were due to the fault of the times and not of the students who in past years entered upon the study of medicine, let us merely allude to the conditions existing, for example, in the Eclectic Medical Institute to-day. While the sister medical schools of Cincinnati are suffering a dearth of students, some reporting as low as six freshmen for the coming year, there has been but a very slight falling off in the classes of the Institute. The session has but just begun and the freshmen class is barely short of that of last year.

A few years ago when a first grade teacher's certificate admitted, the Institute had increasingly large classes. To-day such credentials are proscribed and a high school diploma, or an examination conducted by an examiner not connected with the college faculty is made the standard of entrance, and yet the class is about equal in numbers to those of the years in which the teacher's certificate admitted. Who can conjecture what would have been the size of the present classes, when the high school requirement has prevented many from coming in (chiefly because high schools are not convenient to them) if the school teachers from the country districts, who are every bit as well qualified educationally as their high school brothers, could enter? We do not exaggerate when we say that the seating capacity of the old Institute would not be sufficient to accommodate the influx, so popular has eclectic medicine become in the last decade.

There is no reason, however, why the rural school master should stand back. Naturally feeling, that when armed with a teacher's certificate, he had a "sure thing," he had reason to give but little thought as to whether he would be admitted in times past. Now that this certificate no longer vouchsafes him an unquestioned entrance he has only to pluck up courage and take the examinations which, if he is capable of earning a first grade teacher's certificate, he is abundantly able to pass. This the record shows, for most who attempt the examinations pass them without difficulty. We should be very sorry indeed to see the country-school teacher drop out of the line of medicine, for somehow we have become accustomed to look for him to adopt medicine as a step in progression, and never in the history of medicine has better material for

the making of doctors come from any source than has been furnished by the farm and the little "red school house." Endowed with health, energy, and brains, accustomed to close observation and comparison, and being naturally in close touch with Nature every day of his life, who is better fitted for the study and practice of medicine than the country school teacher? Let him not desert us, for there was never greater need of brainy men in the profession than now. The examinations need not and will not be a menace to him.

AMONG the exhibits that should be seen by physicians visiting the St. Louis Exposition, is that of the Wellcome Chemical and Physiological Laboratories, of London, England,—one of the world's great institutions in their special lines. It may be found in the Liberal Arts Building, in Group 23 of the British Chemical Section, Exhibits 14, 15 and 16. This calls to mind the work that was undertaken a quarter of a century ago, by the scientist from whom these laboratories take their name, for it will be remembered that Henry S. Wellcome, about two decades ago, was sent as a special envoy to South America by the firm of McKesson & Robbins, the purpose being to study cinchona in its habitat. On his return to America, Mr. Wellcome proceeded at once to Indianapolis, where at that time the American Pharmaceutical Association was holding a national meeting. Arrangements were made for a special address by Mr. Wellcome concerning cinchona. This address and the extensive line of specimens presented by Mr. Wellcome, was perhaps the first authoritative communication on cinchona presented to the American profession. We might continue by stating that afterward Mr. Wellcome located in England and introduced to that country the well known American products in the way of important pharmaceutical preparations. His business grew immensely, and soon his reputation extended, and he had an immense establishment on his hands, which now employs many hundreds of people. Mr. Wellcome was a personal friend of Henry M. Stanley, and through Mr. Stanley obtained information that led him to place upon the English market the well known drug, strophanthus. Thus it is that the spirit of research which Mr. Wellcome possesses has not only enriched the world at large, but has, we might say, created a revolution in English education which, before his appearance in that country, touched upon the antiquated and which, in England, has been so nearly connected with mediæval pharmacy.

A CASE of ophthalmia neonatorum encountered a few weeks ago which, at the direction of the midwife in charge, has been allowed to progress for two weeks with only the application of vaseline, has prompted us to reproduce an article on this destructive disease from the

pen of Dr. J. J. Entz, appearing recently in the *Medical Arena*. While this affection is not as common as one would be led to believe from published reports from some quarters, yet it is common enough so that the ordinary practitioner who has a fair proportion of obstetric cases will meet with several cases in a year's practice. Midwives, in large cities, and particularly where there is a large German population, do a larger obstetrical practice than most doctors of medicine. And yet having better opportunities to study this disease they are very apt to look upon it as a trivial affair and seemingly make no distinction between that form of subacute conjunctivitis which often occurs after birth, usually, however, involving but one eye, and that enemy to eyesight, ophthalmia neonatorum. Were practitioners and midwives both careful to wipe the eyelids and orbital region with soft gauze or linen squares saturated with solution of boric acid (5 to 10 grains to the ounce of boiled water) as soon as possible after the head is born, such accidents would be less likely to occur. At any time soon after the birth the instillation into the conjunctival area by means of the pipette or medicine dropper of boric acid solution can possibly do no harm and will, very likely in most cases, prevent the development of either form of eye disease in the new-born. Should gonorrhœal infection be suspected a weak solution of silver nitrate (grs. x to aq. dest. 3*l*) should be employed at least twice a day, dropping from one to two drops into the palpebral fissure by means of the dropper. Then the intercurrent treatment with boric acid solution should be carried out in order to keep the eyes well cleansed. Do not overlook the protection of the other eye and if inflammatory action becomes at all active, compresses, or small pads of gauze which have been allowed to lay upon ice, should be applied every 2, 3 or 4 minutes. Remember that no affection of its extent requires such constant treatment and the nurse in charge should devote her whole time to the case in hand. Considering the importance of this subject and the need of more thoroughly educating mothers, nurses, and midwives, as well as some careless doctors, we commend the study of Dr. Entz's paper. No greater calamity, influencing and dominating the whole future life, can come upon the young than the loss of both eyes, or even of one eye, and nothing will so surely compass such destruction as neglect of this baneful affliction of the new-born—ophthalmia neonatorum.

IT HAS been said, and we have referred to it before, that there is no profession that works against (apparently) its own interest but that of the physician. This statement is based upon the fact that the true physician is always endeavoring to teach the people better ways of living and is doing everything in his power to prevent devastating epidemics

and the ravages of such fatal scourges as diphtheria, tuberculosis, cancer and many other destructive diseases. We are, therefore pleased to reprint Dr. Schirman's paper on the "Effect of Hygiene of Contagious Diseases," so ably treated from a historical, as well as practical standpoint. This paper is one of a series now running in the *California Medical Journal*.

Pilocarpus (Jaborandi).—Thuja Occidentalis.—Asepsin.*

By E. F. SHAULIS, M. D., Indiana, Pa.

PILOCARPUS.—The dominant question in the use of Pilocarpus is, do I want to establish or suppress secretion? This premise obtained, we next determine the part upon which such action is to be effected, whether salivary glands, mammary glands, hair follicles, skin, etc., the necessity of slow or quick action, upon which depends the size of dose, the patient's individual susceptibility to the drug action, and the amount of vital force upon which to depend.

Having studied the case thoroughly in the foregoing manner, we have in pilocarpus a most excellent remedy, one unexcelled in its field.

The drachm dose for establishing a crisis with favorable termination in severe forms of acute disease, as in inflammatory rheumatism, pernicious malarial fever, the wild delirium of typhoid fever, or the wild pain of pleuritis, within an hour or two, are highly recommended by Prof. Webster.

Where a fatal issue seems imminent in such cases, we probably possess no other remedy so capable as this of establishing permanent and favorable crisis in severe febrile diseases.

Where time permits in chronic cases the practice of giving one or two drachms of the specific medicine to four ounces of water, a tea-spoonful every half hour for from four to six doses, then every one to two hours, has a great many advocates. Here it most likely becomes a special sedative.

Were these principles to be studied and applied, this paper might do well to stop here; but a few applied principles or timely suggestions will probably help us recall what knowledge we already acquired before coming here, and help fix them in some dormant celled recesses of our intellectual store house, so that these paramount truths may become a very present help in time of unavoidable trouble.

Prof. Webster says: "In inflammatory rheumatism, from the most active forms, where the tissues are swollen to the fullness of the skin, and the pain excruciating, to the more passive forms, where joints are swollen and stiff but not exceedingly painful, there is nothing in the

* Read before the Pennsylvania State Eclectic Medical Society, May, 1904.

materia medica like it for promptness of action in relieving the local symptoms."

How comes the power of this remedy to relieve muscular pain when accompanied by puffiness of the surrounding tissues? A case of gonorrhreal rheumatism of the right shoulder, which kept the sufferer from using his right arm for weeks, as well as depriving him of his rest at night (the entire shoulder was slightly swollen, but especially swollen and tender under the scapula), was relieved by two drachms of pilocarpus in four ounces of water, a teaspoonful every half hour for six doses, and a teaspoonful every hour thereafter until the four ounces were consumed, and to his surprise he was able to return to the work bench.

How, then, came these quick and positive results? Prof. Ellingwood says: "No one known remedy stimulates every secretion of the body simultaneously as does this agent, and after the sweating has continued a few minutes profusely some stimulant should be administered."

Prof. Foltz says: "The general effects noticed in the cases where I administered pilocarpus are, increased flow of bile, with the accompanying increase of appetite, better digestion, more or less improvement in the action of the bowels."

Few drugs, therefore, can serve for as many purposes through modification of the dose as specific medicine pilocarpus.

We should remember its action on the parotid glands, on the mammary glands, on the hair follicles, and on the sweat glands as in colliquative sweating.

How it has this double action of both increasing and suppressing secretion is a question for thought and further investigation. Is it dosage? Do the results depend on the same pathological condition? Why has aphthæ complicated with ptyalism and stomatitis been cured when several other remedies failed?

It seems plain, probably, why pilocarpus, cautiously used in Bright's disease, is an effectual remedy, causing vicarious action of the skin, thus relieving the system of the effects of retained urinary secretions. It must be remembered, though, that profuse perspiration does not always attend the action, but it equalizes the circulation, relieves internal organs of congestion and promotes an even distribution of capillary blood, thus often disposing of urgent and dangerous symptoms.

Try it in severe lumbago, where you have failed with cimicifuga. Do not forget it in rheumatism of the heart. Observe and study its action on the circulatory system, on the glandular system and organs, on the respiratory apparatus, on the urinary organs, on the muscular system, and on the skin.

Remember, drachm doses should be cautiously administered and seldom repeated.

THUJA OCCIDENTALIS.—In my short experience with thuja I find it is all it is recommended to be in the treatment of syphilitic and gonorrhreal affections. It is to these affections what the surgeon's knife is to the weeping sinew. It shells it out, and that right quick and clean. I have known it to open painful buboes in less than twenty-four hours, when given in doses of twenty drops every two hours. They opened, drained thoroughly, and healed in a short time.

We have at present, in my estimation, no remedy equal to thuja with which to treat syphilitic or gonorrhreal iritis, conjunctivitis, enlarged glands, fissures, ulcers of the stomach, bowels, sigmoid flexure, rectum, uterus, and fistula ani.

Hemorrhoids, with or without hemorrhage, are relieved in a short time, either by injections into the rectum of a 10 to 50 per cent. solution or by hypodermic into the hemorrhoids themselves. It may be used in capsules or on tampons.

For internal use and local applications to cutaneous surfaces use the alcoholic preparations, but for hypodermic use and local applications to mucous surfaces use the aqueous or non-alcoholic. It may be useful to note here that the aqueous preparation does not burn when applied locally, and is devoid of odor, which in some cases is a great desideratum.

If applied locally to chancroids with rapidly spreading edges and painful ulcerations it gives prompt relief and keeps the ulcer from spreading. The same method of treating faacial ulceration, nasal catarrh and nasal polypi is advocated.

It undoubtedly is a superior hemostatic agent when applied directly to the open vessels. It is claimed to have curative virtues in cases of hemorrhage from the womb at menstrual periods, caused by polypoid growths, if administered internally for a short time, and even has caused the growths to be expelled.

A tampon saturated with equal parts of thuja and glycerine, applied to catarrhal ulcers of the uterine neck two or three times a week, has frequently cured them. In all stages of gonorrhea and gleet equal parts of colorless hydrastis and thuja, diluted to suit the case, will be found very useful to the physician financially, and the patient otherwise. Use aqueous thuja here.

In children and elderly persons having partial paralysis of the defecatory apparatus thuja is specifically a topical restorative. It may be injected or applied locally on cotton or woolen tampons inserted in the rectum. The same principle may be applied to prolapsed anus, in which case a cotton tampon or pad saturated with thuja is very effective.

We might do well to give further study to the virtues of this remedy in diabetes mellitus, in sexual neurasthenia, in spermatorrhea, in noc-

turnal incontinence, on polypoid growths, and in hernia, and we should not forget Prof. A. J. Howe's method of curing hydrocele.

This remedy seems to have a peculiar influence over abnormal growths and tissue degeneration of an epithelial character. Can it, therefore, be used where there is perverted glandular action, metastatic suppuration, etc., without a doubt?

ASEPSIN.—When asepsin is taken internally it imparts a feeling of warmth, and in doses of a grain or upwards causes an appreciable rise in body temperature, quickens respiratory action, and augments renal and cutaneous functions. It is a model antiseptic, antiferment, and disinfectant. Care must be taken not to produce local poisoning when used as a dressing, because cases of poisoning have been reported.

Internally asepsin acts as a corrector and preventor of fermentation and putrefaction. Its specific indication most likely is in those cases where we have pale mucous membranes and a clean, white tongue. At least there is absence of dirtiness. In these cases there is usually atony and flatulence. If we combine asepsin, gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$, with soda bicarbonate, grs. 5 to 10, the asepsin being an aromatic stimulant overcomes the flatulent distension of the intestinal tract, and by its antiseptic properties overcomes septic conditions and sweetens the whole intestinal tract. The soda meets the call for an alkali. When not contra-indicated, specific nux may be added with great advantage. Other remedies, as hydrastis, gentian, pepsin, ingluvin, etc., when indicated, are very much improved in action by it.

Stomachic and intestinal dyspepsia of catarrhal forms are benefitted by asepsin. It is one of the best agents to control that unpleasant rolling of gases in the bowels (borborygmus) so annoying to many women. It also diminishes the formation of gas in the stomach when not contra-indicated.

Asepsin has a large field of usefulness in surgery. About all the medicines that are employed in ocular practice, except nitrate of silver, can be prepared in a solution of asepsin, gr. 1 to distilled water fluid ounce 1, and can be used with safety. As an antiseptic in general surgery, there is no known preparation which acts so kindly and yet so positively. Think of its deodorant and cleansing properties; the effects are remarkable when applied to foul cancerous growths, to remove fetor from foul, intractable scrofulous ulcers and buboes. Offensive arm-pits and feet are deodorized by it. In fetid breath caused by decayed teeth or ulcerated gums, make a solution of five grains to the ounce of water and thoroughly wash and cleanse the mouth; it will remove the odor and sweeten the breath. A solution of from one to twenty per cent. may be employed, according to the case in hand, whether a sensitive

part or an abraded surface. Ointments and liquid albolene solutions of the same strength may be used in nasal treatment.

In general liquid prescriptions asepsin is a very necessary ingredient. Combined with resinous alcoholic preparations, such as podophyllum, macrotys, etc., it makes a better looking mixture, keeps better, and renders some remedies more efficient. This is especially true of macrotys in rheumatism, the asepsin, like all methyl salicylates, undoubtedly possessing antirheumatic qualities. It must be remembered, however, that asepsin, on account of its strong alkalinity, should not be added to solutions containing a considerable amount of toxic alkaloids, as belladonna, aconite, gelsemium, etc., lest by precipitation of these bases the patient's life be endangered by getting too large a dose of the deposited alkaloids when the last doses of medicine are taken from the glass or bottle. Five to ten grains of asepsin to distilled water one quart, is of sufficient strength to preserve ordinary prescriptions until used, depending of course upon the season of the year and the temperature of the room in which it is kept, etc.

Its use in obstetrical practice and in gynecological work has a wide field of application, and is agreeable to both physician and patient. In gonorrhea of the male or female, one-half grain to distilled water four ounces, or liquid albolene the same quantity, has been very useful as an injection. Here we may add hamamelis or hydrastis as indicated. One fluid ounce of distilled water containing five to ten grains makes an elegant dressing for burns, scalds, cuts, abrasions, lacerations, and contusions. It relieves pain and promotes healing with comparatively a small amount of cicatrization.

Asepsin soap as a cleansing and deodorant agent without harmful effects, in the practice of obstetrics, is superior to all others I have ever used. In rhus poisoning a stiff lather applied and allowed to dry has been soothing to the patient, relief immediately accompanying its application.

Asepsin ointment, if we use ointments, is a very pleasant application to the itching surface. That itching of the extremities which is often a cause of wakefulness, restlessness, irritableness, and peevishness, is relieved by an application of asepsin grs. five to twenty to petrolatum one ounce, before retiring, and thoroughly rubbed in.

Asepsin is extensively used in the treatment of catarrhal disorders of the nose, naso-pharynx, etc. It may be used as above mentioned or in combination with other agents. It has an agreeable odor, and is particularly adapted to ozena. Here its stimulating effects, agreeable odor, and cleansing power make it particularly desirable. When used in hay fever, cocaine hydrochlorate is often added to the ointment. It makes an excellent application to sore nipples when mixed with egg albumen.

Asepsin has a wide field of usefulness, and it would be wrong to burden this audience with any more extensive details as to its use, but I do want to again call attention to its specific indications in detail, namely: fermentation and putrefaction; pale tongue or dusky discoloration of throat and tongue; fermentative dyspepsia with atony, flatulence, and colicky pains; abdominal tympanites; borborygmus; prune juice evacuations; feeble capillary circulation, with tenderness, to breaking down of tissues; rhus poisoning; ulcerations, etc.; a general anti-septic for surgical, gynecological, and obstetrical manipulations—*Eclectic Medical Journal.*

ACUTE ANTERIOR POLIOMYELITIS.

By W. N. RAMEY, M. D., Lincoln, Neb.

It is a pitiable sight to see an individual struggling along in the world trying to make the best of life with a permanent and hampering deformity which makes him the subject of commiseration and renders him more or less unable to prosecute successfully any line of work.

If these unfortunates are unavoidably so it is bad enough, but if they are so because of some one's lack of knowledge or failure to do that which would have prevented its condition, then it is doubly to be deplored.

I have chosen this subject not so much that it is so common an affection, but that it does occur quite often, and that when it does it is of so great importance to the patient and his future that the physician in charge should know at the very onset what he is dealing with and lose no time in putting every effort at work to stop the onslaught and thereby prevent the great injury to the little patient that will be sure to follow in the wake of the disease if it is allowed to have its sway. Therefore I have thought it might not be amiss to have our minds refreshed on this disease that is so deceptive and so direful in its work.

I think that one of the synonyms, "infantile spinal paralysis," is rather misleading and, in my judgment, should as well be dropped. True, most of the cases do occur in infancy, but it is also true that it does occur in adult life—some cases having been noted as late in life as sixty years. It is believed to begin sometimes in utero, and perhaps 80 per cent. of the cases occur before or during the third year of life; the other infantile cases usually occurring before the tenth year. Most of the adult cases begin before the age of thirty years.

As to sex, the statistics show that the males, both in infancy and adult life, are most often affected. Climate nor race seem to form any exemption, yet it is true that perhaps 80 per cent. of the cases occur

between the months of June and September, inclusive, thus seeming to make the heated term a factor someway in the development of this disease.

As to the etiology, we would divide the causes into predisposing and exciting. Under the former would be placed a weak and unstable nervous system, and among the latter we would name over strain put upon this defective, such as excessive play, jumping the rope in the older cases having in my own experience been the exciting cause which having in the child this favorable ground, made so by a frail nervous system, been the cause of setting up the disease. Chilling the body suddenly when very warm, falls, injuries, sequels to some of the infectious fevers, and even epidemics, have been noted.

Symptoms:—The symptoms vary some in the different cases, but as a rule they are very significant. There is usually no prodromal symptoms, such as are almost always present in multiple neuritis, a disease that may sometimes be of trouble in a matter of diagnosis, but the child that has been apparently well is suddenly taken ill. There may be a chill, but not always so marked that you can get any history of it, but he develops a temperature, not always so very high at the onset, perhaps running to 102, is very nervous and excitable, may vomit, and even go into convulsions. While a good many authorities say there is absence of pain, I think that the latest investigations are proving that this should not be made a test in the case, as during the acute and also the sub-acute stage there is often discomfort ranging from severe pain to a discomfort in having the limbs involved, moved or touched. In contradistinction to this kind of an onset, we sometimes have the child going to bed as well as usual and after having a good night's rest as is natural, it awakes to find that one or more limbs are completely paralyzed. This is not the rule, but after a continuance of the symptoms already given, we may have all the symptoms intensified, the temperature may run to 104, the child complain of headache, and complete unconsciousness may take place, with more severe convulsions. This will usually last for from a few hours to a week or ten days. After this we have the symptoms all disappearing, the child talks, if old enough, seems bright and the parents are flattered with the idea that all is now over and are more than delighted at so favorable a termination of what seemed so serious a case. They are doomed to disappointment, for it develops upon close examination that one or more of the patient's limbs are completely paralyzed. The patient remains in this condition for a period ranging from one to six weeks, there being no particular signs of any improvement. This is called the stationary period, and at its close begins the stage of improvement, where the tendency is for spontaneous recovery, the paralysis receding, until there

is only one or a group of muscles left impaired. The paralyzed muscles atrophy, the temperature is lowered, the reflexes are lost if the inflammation has been sufficient to destroy the cells, there is slight tenderness over the nerves springing from the affected area, but no anaesthesia is present, and no bladder symptoms. The muscles show reaction of degeneration, both quantitative and qualitative.

In the leg the favorite muscle to be left permanently impaired is the anterior tibial, in the arm the deltoid and shoulder group.

At the close of a year, or in some cases sooner, there is a ceasing of any tendency to recover, and the case then becomes chronic.

Now the temperature of the limb drops several degrees below the normal, the skin takes on a reddish-purplish, mottled look, and the bone as well as the muscles of the affected limb do not grow as fast as do those of the sound limb. So that the foot becomes smaller, the limb shorter, and the beginning of the permanent deformity and disfigurement is seen, which grows more marked with age, the contractions of the muscles antagonizing, the weakened, paralyzed ones drag the limb out of shape, and we have a permanent contracture. The most frequent of these deformities is talipes equinus, and talipes valgus and varus. The general health of the patient is usually good, but he is maimed for life.

Pathology:—The pathology of this disease is an acute exudative inflammation with destruction of tissue, but not suppuration. It affects chiefly the anterior cornua, and by selection seems to attack the cervical and lumbar enlargements of the cord. As a rule the inflammation is not diffused, but falls heavily on certain cell groups, which, if the inflammation runs high enough to destroy, are after a time replaced by connective tissue. Occasionally the larger portion of the central gray and some of the white matter of the cord becomes involved, and later we may have a certain amount of sclerosis in the lateral columns. The anterior roots and motor nerves atrophy, the muscular tissue also wastes and is replaced by connective tissue.

Diagnosis:—The diagnostic points is the age, the sudden, severe onset followed soon by extreme paralysis, which has a tendency to recede, absence of any anaesthesia, rectal and bladder symptoms, as well as any rigidity.

Prognosis:—The prognosis of this case is usually good as to health, as death from this disease or any sequel rarely occurs; but the patient is usually rendered a cripple for life.

Occasionally, I have said, complete recovery takes place, and these are the ones where the cells have not been destroyed and supplanted by connective tissue.

Treatment:—The treatment of this case must be divided into that for the acute, the sub-acute and the chronic stage. In the acute stage

if a vigorous, careful, early treatment be instituted, we may be able to prevent so many cases of permanent deformities.

In the acute stage the patient should be put to bed and perfect quiet should be maintained. To the affected portion of the spine hot fomentations or mustard plasters should be applied, care being taken if the latter is used that too much irritation is not produced. The bowels should be moved by some of the saline salts, and then a specific treatment instituted. Aconite, the child's sedative, will be indicated in perhaps the majority of the cases. For the extreme nervousness, passiflora, rhus tox and pulsatilla may any of them be indicated. For the muscular pain and soreness, when it does show up, we would give matrotys, and if the indication was present, would combine it with gelsemium.

In the sub-acute stage we would still continue the idea of specific medication. The fever having subsided, the aconite would be dropped, but if the nervousness and muscular soreness continued, which it often does, the passiflora and macrotys would be continued, and kali phos would be found of service. All the general conditions of the patient would be looked after, as this being a severe destructive disease, we must have nature at her best and try to aid her in bringing about resolution. Daily massage and frequent baths, with good, nourishing food would fill up the treatment until the acute symptoms had subsided. Then would come the systematic use of remedies and means for restoring lost function. Here kali phos would be continued, small doses of strychnine, avena sativa, with electrical treatment and daily massage constitutes the means at our hands for the chronic stage of the trouble. Of course it is not in the line of this paper to enumerate all the remedies that might be indicated in each case, but we speak of these as those that will in a majority of the cases be found of importance. I wish to impress the need of the vigorous treatment in the acute stage with the view of not allowing the cell inflammation to become so intense as to destroy them, and that the same vigilance be continued throughout, not allowing the tendency to recovery mislead us, but urge us on to help nature all that is possible while she is in the mood to work, as the time will come when she will cease any attempts toward the bringing about of resolution. When this has come to pass we have to submit to the inevitable, and realize that we have a case for the orthopedic surgeon, and braces and rubber muscles and any other appliances that can be devised for lessening or preventing deformities should be used. But as our subject was the acute and not the chronic cases, we will not follow the case further. We believe firmly that if more care and zeal was manifested in treating the acute and sub-acute stages we would have fewer cases of the chronic to care for and less of the crippled for life.—*The Nebraska Physician.*

OPHTHALMIA NEONATORUM*.

By J. J. ENTZ, M. D., Hillsboro, Kans.

Ophthalmia neonatorum is also known as acute blennorrhea of the conjunctiva. As commonly employed it refers to the conjunctivitis induced by the presence of the gonococcus of Neiser and is usually considered under the term gonorrhreal conjunctivitis, of a specific and non-specific origin.

Cause: The infection occurs as a rule during parturition. In the passage of the child's head through the vagina the eyelids are covered with the secretion of the latter, and this either penetrates immediately into the conjunctival sac through the palpebral fissure, or does so as soon as the child opens its eyes for the first time. Under these circumstances the disease breaks out as a rule on the second or third day after birth. In those cases in which the disease makes its appearance still later than this, it has been brought about by subsequent infection; by the carelessness of the physician handling the child, or by the nurse in washing the child, by using towels or soap that have been infected by the mother's vaginal secretions, or the child has been infected by another child.

In speaking of the specific and non-specific infantile conjunctivitis, I would say, that a great many pregnant women have a catarrh of the vagina with a mucous discharge. In the greater portion of these cases, we have to do with a benign vaginal or non-specific catarrh; in a smaller portion, with a virulent or specific catarrh. In individual cases the distinction between specific and non-specific is difficult, for which reason prophylactic treatment ought to be carried out in all cases where we find a catarrhal discharge.

Pathology: For the best pathology, in fewest words, I can only repeat that which Dr. Weeks of New York gives: "Engorgement of the vessels of the palpebral and ocular conjunctiva rapidly develop. An infiltration of leucocytes into the superficial layers of the entire conjunctiva and edema induced by a serous, and in some cases a fibrinous exudation, occur early. The conjunctival epithelial layer is swollen and uneven.

Symptoms: Ophthalmia neonatorum usually begins between the first and third day after birth. Almost always both eyes suffer, the one being earlier. The lids swell rapidly and sometimes enormously, taking on a dark red hue. The vessels of the conjunctiva become deeply congested, the conjunctiva red and swollen. The acute stage reaches its height in two or three days, at which time the swelling of the lids is intense, the upper overlapping the lower lid. From beneath the margins

*Read before the Kansas Eclectic Medical Association.

of the upper lids the secretion flows, which is at first watery and flaked with pus, and later becomes thick and creamy.

The acute stage continues from four days to two weeks, and gradually merges into the sub-acute stage.

The chief risk is the destruction of the vitality of the cornea, the danger of which is materially increased if this membrane becomes lusterless, dull and hazy within the first few hours or days of the disease. Frequently small oval ulcers form near the limbus, either transparent or surrounded by an area of cloudy infiltration, which rapidly increases in size. In many mild cases the cornea escapes without harm. The changes which take place in the cornea are due in part to strangulation of its nutrient vessels by the swollen tissue, but largely to direct infection by the discharge after the formation of a corneal ulcer; either healing and regeneration of the corneal tissue takes place, or else perforation occurs.

The diagnosis is easily established. The history of the case and the age of the child will suffice to establish a diagnosis.

The prognosis of these cases, if not properly treated, is grave. The gravity increases in direct proportion to the violence of the inflammation, and the condition of the cornea. If the patient is seen while the cornea is still clear, impairment of vision need not occur, except in cases in which the affection is very severe and the patient's vitality much impaired. Since the retention of vision depends so much on careful and proper treatment, it is of the greatest importance that the infant shall be seen by a competent physician as early as possible.

Treatment: In my private practice I have not seen a single case of ophthalmia neonatorum, but I have observed a few cases in the hospital. Three conditions demand our attention in treating this class of cases: 1. The inflammatory swelling of the lids. 2. The state of the conjunctiva. 3. The corneal complications.

During the earlier stages, when the lids are tense and the secretions lacking in its creamy character, in addition to absolute cleanliness, local applications of cold water is the most useful agent. This should be applied in the following manner: Compresses should be made of gauze, eight to ten thicknesses, and about 3 or 4 inches square. Four such compresses should be on hand. Either lay them in ice cold water, or lay these compresses on blocks of ice, and apply them on the eyes, changed frequently as may be needed to keep up a uniform compression. The length of time occupied with these cold applications must vary according to the severity of the case. Sometimes they may be used almost continuously and sometimes frequently for periods of half or one hour at a time, with from one to two intermissions. On the other hand hot fomentations are occasionally better than cold, especially when corneal

complications exist, or the surface of the conjunctiva is covered with a gray film. These are also applied with square pieces of gauze, wrung out in hot water and applied in the same manner as the cold compresses.

2. Constant removal of the discharge must be practised. The lids are to be gently separated, the tenacious secretions wiped away with bits of moistened absorbent cotton and the conjunctival sac freely irrigated with a 3 per cent. boracic acid solution, or a solution of bichloride of mercury 1 to 10,000; the latter should be given preference. The cleansing process must be repeated every hour, day and night. In addition to these may be mentioned 3 per cent. solution of protargol, iodoform ointment, 4 per cent. and peroxid of hydrogen.

3. The local application of nitrate of silver to the conjunctiva must not be made in the earlier stage, before free discharge is established nor in those cases—no matter what the stage—when the lids are tense and hard, and the surface of the conjunctiva is covered with a gray film, or a false membrane. When the secretion is free and creamy, when the lids are relaxed, the conjunctiva dark red and puckered into a papilla like excrescence, the time for its application has come. Once a day the palpebral conjunctiva and retro-tarsal fold should be brushed over with nitrate of silver solution, 10 gr. to oz. Afterwards all excess of the drug should be washed away with water; as long as the discharge is abundant the use of the strong solution is indicated.

At the first appearance of corneal ulcer, haze or ulcer, a 4 gr. solution of atropine is to be dropped into the eye twice a day. Another excellent remedy I have found in purulent conjunctivitis is solution bismuth and hydrastis, 25 per cent. Irrigate the conjunctiva frequently.

If one eye alone is affected, suitable protection for the sound eye should be provided. The attendant must be impressed with the contagious nature of the pus. All bits of rags and pledgets of cloth used in the treatment must be destroyed and after each treatment the hands of those engaged must be thoroughly washed and then disinfected with a solution of bichloride of mercury.—*Medical Arena.*

TEST FOR FORMALDEHYDE IN MILK.—*The National Hospital Record* suggests this test for the presence of formaldehyde in milk: Dilute the suspected milk with an equal volume of water and underlay this mixture with sulphuric acid containing a trace of ferric chloride. A violet zone at the junction of the liquids reveals formaldehyde, while in pure milk the zone will be brown.—*The Coca Leaf.*

CINNAMON is a useful palliative in the pains of cancer of the stomach. Either the oil on sugar or the powdered drug can be used.—*Surgical Clinic.*

THE EFFECT OF HYGIENE IN CONTAGIOUS DISEASES.

By M. SOHIRMAN, M. D., Los Angeles, Cal.

The title of my paper is "The Effect of Hygiene in Contagious Diseases," and although the subject is a very lengthy one, I have tried to treat it in as brief a manner as possible and still include the most important points.

The subject of contagious diseases is of the greatest importance in relation to preventive medicine, because in this large class of dangerous maladies it is possible, by the exertion of sufficient care according to hygienic principles, to preserve entirely the health and life from their power.

If we look back into the history of epidemics, we find that in the year 542 the bubonic plague began to spread from Lower Egypt to Northern Africa, Syria, Palestine and Europe. The disease prevailed about half a century and produced the greatest devastation wherever it appeared. Cities were devastated, the country converted into a desert, and the wild beast found an asylum in the abandoned haunts of man. About the middle of the fourteenth century the bubonic plague made a second incursion into Europe from its home in the East. According to authorities, in 1359, between March and July following, about 100,000 souls perished in the city of Florence. Hecker estimated that during its continuance from 1347 to 1351, 25 000,000—one-fourth of the probable total population of Europe—died. In various cities the mortality was: London 100,000, Paris 50 000, Venice 1,000,000, Marseilles 16,000, in one month.

The moral effect of this great pandemic of the plague were hardly less deplorable than the physical. The 15th and 16th Centuries had the plague generally diffused throughout Europe. The great epidemic in London occurred in 1665. The almost universal susceptibility to small-pox caused widespread devastation wherever it appeared previous to the introduction of vaccination.

Asiatic Cholera: This disease caused the death of three fourths of a million of human beings where it is endemic within the space of five years. Yellow fever, scarlet fever, diphtheria have all done their share in the destruction of the human race.

Most of these specific contagious diseases are peculiar to man, whilst animals on their part are infected by a whole brood of communicable maladies.

With regard to the co-operative effects of fermentation, putrescence or decomposition, there is some reason to believe that it may quicken the activity or facilitate the development of specific morbid poisons in

the way of a predisposing cause to their production and an epidemic may be the result.

In order to make the sanitary precautions thus rendered advisable clearly understood, it should be explained in the first place that the germ theory of disease professes to account for the phenomena of small-pox, typhoid fever, yellow fever, relapsing fever, scarlatina, diphtheria, erysipelas, etc., etc., by attributing them to the more or less mechanical irritation, obstruction and other disturbances set up by masses of spores and mycelial threads developing in the blood and in the affected tissues.

The period of incubation is supposed to correspond with that required for germination of these spores. The gradual increment of the symptoms is attributed to the progressive growth of the millions of minute fungoid plants, whose period of greatest luxuriance marks the acme of the attack, and the death and destruction of which correspond to the decline of the disease. The contagiousness of the communicable maladies is accounted for by the existence of the immense number of spores forming the true seeds of disease constantly produced, evolved from the affected individual and carried through the air of a room or house either alone or attached to some of the innumerable epithelial cells, which are being rubbed off by millions from the surface of human bodies.

Hence, according to this doctrine, contagious diseases are conveyed from one person to another by the transplanting of microscopically visible spores or seeds which have a separate vitality of their own, each after its kind, and which are to be escaped just as one would escape hordes of animals or swarms of insect pests by shutting them out or killing them before they can succeed in fastening upon human bodies.

As having an important bearing upon the hygienic precautions instituted, great benefit would probably result from its being understood by every man, woman and child, that the contagion of small-pox, scarlet fever, typhoid fever, yellow fever, measles, diphtheria, cholera, and so on, is composed of exceedingly minute spores or seeds so small that 25,000 of them placed end to end would measure less than one inch in length, each one of these 25,000 of seeds is capable, under favorable circumstances, of reproducing its kind with almost inconceivable rapidity; so that supposing, for example, the zygodesmus of Prof. Letzerich is really the morbid agent causing diphtheria, a particle of the grayish, false membrane of the size of the dot just mentioned, would contain separate seeds enough to infest every inhabitant of the United States with diphtheria. But whilst this is the theoretical possibility, practically the same law of the prodigality of Nature, exemplified in the spawn of the herring and salmon, holds good, and not more than one spore in a thousand, a million or a hundred millions, perhaps, has an opportunity to reproduce its species.

As there is no doubt that the contagion of the diseases just enumerated may penetrate into our system by the air that is breathed, the food that is eaten, and especially the water that is drunk, it is obvious that only the most scrupulous care can save us from these extremely minute seeds or insure their destruction after entrance into our bodies has been accomplished.

The recommendation of the sanitarians, therefore, is that every effort should be made, first, to prevent these morbific germs from being let loose upon the world, and second, when they have made their escape into the free air or water, to destroy all spores likely to come in contact with unprotected persons—that is to say, human beings from whose bodies one crop of small-pox fungus, yellow fever bacteria, relapsing fever spirilla and so forth has not already been raised. Each individual affected with small-pox, scarlet fever, diphtheria, or any other of the diseases just mentioned is, according to this theory, to be looked upon as a sort of hot bed or forcing house for the seeds or spores of that malady. From his or her body are continually given off in all directions by the skin, the breath, the perspiration and other secretions, millions of spores of the extreme minuteness just described, each one of which, if it were received into a human system, after a few days or weeks (to what is known as the period of incubation) give rise to a new case of the disease, again a new hot bed of contagion for other unprotected organisms.

Now, these spores, just like the seeds of larger noxious weeds, which when allowed to gain a foothold in the fields and gardens, propagate themselves with such immense rapidity, have no power to move of their own accord and can only develop if they meet with air, moisture and congenial soil suited to their peculiar requirements—that is, if a small-pox patient is shut up in an air-tight room so that the seeds can not escape, or if, whilst in the open air that air is stagnant so that no seeds are wafted away from the immediate neighborhood of the individual; or if when carried along by the wind they are blown away from any human habitation or are desiccated in a dry atmosphere, baked by the sun's rays or artificial heat, in other words, if they do not fall upon good ground all this wealth of provision by which nature tries so hard to secure the perpetuation of the poisonous plant causing small pox in our system becomes unavailing and her malevolent design against our race carried out with such a prodigality of murderous weapons utterly fails.

Hence, in the ordinary affairs of life, unless special precautions are resorted to, ways are open for the spread of these microscopic agents of propagation in a thousand unseen modes. In all instances of contagious diseases the isolation from unprotected persons carried out with every

due consideration and kindness is therefore to be practiced, and under other conditions means which will destroy the life of the spores such as dry heat of high degree, super-heated steam, prolonged boiling in water, caustic acids or alkalies are to be used with a firm confidence that if they are employed thoroughly enough they will absolutely put a stop to all spread of the disease.

A very important suggestion in regard to the use of disinfectants arising from our knowledge of the germ theory is, that doubtless the germs float in the atmosphere as do the seeds of the thistle and dandelion, and are no more susceptible to the action of chemicals with which the air containing them is impregnated, it is useless to expect a certain result from the milder disinfectants as usually employed by scenting the medium in which the disease germs are suspended, with carbolic acid, camphor, acetic acid and similar non-corrosive agents.

As to the lesson we may deduce from the teaching in regard to public hygiene, its importance is only surpassed by its simplicity. For such contagious and infectious maladies it is: Avoid at any cost the entrance into the communities of living spores or seeds of disease. And this should be insured, not as in former times, with mere hope that somehow we might escape the visitation, but with the absolute certainty that, with proper care, infection can not occur.

No doubt many Americans have smiled at the story of certain terror-stricken authorities in a German town who, when a single potato-bug was discovered in a field near them, immediately covered the whole plantation with straw soaked in kerosene, and setting fire to it destroyed every vestige of animal and vegetable life for acres around. And yet if we consider a moment we must realize the fact that this apparent waste of time, trouble and potato vines was the wisest and most economical expenditure that could possibly have been made.

Quarantine, disinfection and prolonged detention of persons with disinfection or frequently total destruction of goods from infected districts, is apparently the right of the many at the expense of the few; and even if, as many would advocate for the sake of strict justice, ample compensation for loss of time and loss of property were allowed by law to those who suffered, the community at large would doubtless be ten-fold better off pecuniarily, to say nothing of the far more important saving of human life and human suffering which would be secured.

In conclusion I will say hygiene has done much in aborting and preventing the spread of contagious diseases. With absolute cleanliness, with isolation, with the introduction of pure air into the apartments and with proper disinfectants, we have the best safe-guards against epidemics.—*The California Medical Journal.*

APOCYNUM CANNABINUM.—This is one of our best indigenous drugs. During the past winter I have prescribed it in several cases of albuminuria presenting the following symptoms: Pulse, rapid but lacked strength; temperature, in the morning below, and in the evening, very little above normal; appetite poor, and dirty white coat on tongue; stomach and abdomen, full and doughy to touch, accumulation of gases in stomach and bowels with eructations; occasional night sweats and œdema of extremities.

It was prescribed in first dilution and never more than in one drop doses; generally twenty to thirty drops to water four oz. a teaspoonful every two hours. If there is nausea alternate with ipecac first dilution, five to ten drops, water four oz. a teaspoonful every two hours. It is better to give these two remedies in alternation in both cases, as apocynum alone will produce nausea in a great many cases, and cannot be continued long on that account. In using the remedy in this way it is pleasant and prompt in its action. The appetite and digestion improves, the œdematosus condition subsides, and the amount of albumen daily decreases till in a short time it entirely disappears and the patient rapidly regains the usual health and vigor. Now, I do not claim that apocynum is a specific for Bright's disease, but, if, in any case, you have these symptoms, or the majority of them, no difference what the name is, give apocynum and your patient will get well if there is vitality enough in him to recuperate. What I wish to call your attention to, in particular, is the effect of this remedy in obesity and corpulence, and rheumatism, presenting the symptoms heretofore named. In these troublesome cases, the result has been surprising. Corpulent patients have decreased in size around the waist six inches in one month, and decreased in weight nearly twenty pounds in the same time: with a corresponding increase in health and strength. The only noticeable effect to most patients was an increase in the amount of urine passed and a more regular action of the bowels with an increased tendency to physical exercise. In some of the cases that were relieved by this remedy, there were frequent eructations from the stomach, and some very unpleasant cerebral fullness, and loss of consciousness, a few seconds at a time.

As an anti-fat it deserves an important place in therapeutics. When obesity is becoming a burden to the patient, and there is a plethoric condition, with gastric and cerebral disturbance, apocynum will give prompt and active relief, and reduce the excessive fat materially, and is free from unpleasant after effect.

Do not become skeptical in regard to this treatment on account of the dilution of the remedy, and the small dose prescribed, but test it without prejudice at the first opportunity that presents and satisfy yourself.—*Lincoln Medical Outlook.*

A NEW FORM OF HEADACHE.—A writer in an English contemporary describes a form of headache the origin of which he attributes to sightseeing. From his observation there is reason to attribute it in part at least to strain on the muscles that turn the eyeballs upward. A lady who found no inconvenience in visiting the theater when she sat in the dress circle always suffered from severe headache when she sat in the orchestra, where she had to look up. The same effect is produced in picture galleries, especially in looking at pictures hung above the line. Cyclists, who lean over the handle-bars and turn their eyes up to look ahead, have the same trouble, and so do compositors and people in many other occupations requiring continued use of the elevator muscles. The eyeballs move from side to side with less strain and discomfort than up and down. It is doubtful if the fear of this form of headache will deter any one from traveling with its incidental sightseeing should the opportunity present itself for their doing it.—*The Medical Age.*

RACE DEGENERACY.—The human race is dying of degeneracy from bad habits. Eight hundred thousand American citizens are killed every year by wrong habits. Civilization has increased luxuries and pleasures, and has multiplied maladies. Insanity has increased three hundred per cent in fifty years. The average length of life has increased within the past fifty years as the result of better care of infants and invalids, but that the constitution of the race is decreasing, is shown by the diminishing number of centenarians. Cancer annually kills 29,475; pneumonia, 105,971; consumption, 109,750; Bright's disease, 32,170, in the United States alone.

Paresis is increasing at a most alarming rate. This is a fact which has been observed by all alienists. The causes are not far to seek. The use of alcohol and tobacco, sexual abuses, sedentary habits, and the high pressure of commercial life are without doubt responsible for a large share of this increase in degenerative tendencies. The world moves forward intellectually and in many material directions; but it is decaying physically because of the too-wide departure from the simplicity of the more natural life of our ancestors.

A return to nature is needed as the only remedy for this downward tendency. Natural habits of eating; healthful, unrestraining habits in dress; life in the open air; plenty of sleep; and abundance of muscular work—these are the essential features of the reform necessary to check the race degeneracy which is becoming daily more apparent, especially in our city population.—*Editorial in Modern Medicine.*

NEVER let a case of varicocele go one day longer than you can help unoperated upon. Tie the veins subcutaneously, using strict asepsis.—*Surgical Clinic.*

THE ABUSED NOSE.—In acute catarrhal inflammation, there is usually such an excessive amount of secretion as to be a source of annoyance to the patient, and also the patient an annoyance to those associated with the victim, and for the relief of this excessive secretion various local measures have been advocated and used.

The use of powders and solutions, which violently constrict the relaxed tissues, is a practice to be condemned. Such means are not curative, and the idea that such treatment will do no harm is erroneous. Powders will usually, if not always, prove to be irritants. Some of the powder is liable to form crusts, or a nidus for a crust formation, on the already hypersensitive nasal mucous membrane, and in the patient's efforts at removal of the irritating mass, or masses, an erosion of the surface is quite likely to occur. This abrasion may be the nucleus of an ulcerative process, eventually leading to perforation of the septum.

Solutions are free from these objections, but the nasal tissues are not intended for douching, washing or syraying in the indiscriminate manner advocated by so many. Anyone studying the character of the nasal mucous membrane will, or should, appreciate this fact. That there are conditions requiring such measures for the removal of closely adherent secretion is granted, but in the interest of the much abused nose, this word of warning may not be out of place.

Now, for the relief of these cases of coryza, I have found that practically two drugs will nearly always give relief rapidly, if properly administered.

When the discharge is thin, watery, and non-excoriating, distillate of hamamelis 3*j*—*ij* in water, 3 *iv*, teaspoonful every hour, will soon give relief.

When the discharge is thin, watery and excoriating, liquor potassii arsenitis, gtt. *xv*—*xxv* to water 3 *iv*, given the same as the hamamelis, will prove effectual in a short time.

Now, as regards the meaning of "soon" or "short" in these cases, twenty four hours is meant. It is not claimed that a cure is effected in this time, but that the active annoyance has disappeared. Other remedies may be combined with either of these, and usually I add specific phytolacca 3 *ss* to either of the remedies. This drug is most frequently indicated on account of its action on glandular structures, but the active agents for relieving the thin, watery discharge are either the hamamelis or Fowler's solution.—*Dr. K. O. Foltz in Eclectic Medical Journal.*

"IT is useless to infuse with the idea of filling up the depleted vessels in 'shock,' as the fluids are excreted as rapidly as they pass into the blood."—*Surgical Clinic.*

ACID FRUITS.—Nearly all fruits contain more or less acid. The acids of fruits are three: citric, malic, and tartaric. Tartaric acid is found in grapes; citric acid, in cranberries, lemons, and oranges. The principal acid of other fruits is malic acid—the acid of apples. The pear and the blackberry contain the least acid of any fruits, the proportion being about one-fifth of one per cent. The strawberry, grape, cherry, peach, apple, and prune contain one per cent. of acid; while one and one-half per cent. of acid is found in the whortleberry, raspberry, gooseberry, plum, and apricot. The cranberry, the currant, and the orange contain two and one-half per cent. of acid; while the lemon, the most acid of all fruits, contain seven and one-half per cent. of citric acid.

All fruits contain sugar in larger percentages than acid, and in some instances the proportion of sugar to acid is so great that there is almost no acid flavor; but the acid is present and exercises its special purpose just the same as if the sugar were not present. The grape contains the largest proportion of sugar, more than fourteen per cent. The cherry comes next, with ten per cent. The lemon and the pear contain a little more than eight per cent. of sugar; the strawberry, currant, and prune, six per cent.; the orange, apricot, peach, blackberry, raspberry, and whortleberry, from four to five per cent.; the plum, a little less than four per cent.; and the cranberry, least of all, only one and one-half per cent. The cranberry is the only fruit which does not contain more sugar than acid. The currant contains three times as much sugar as acid, yet it is still quite acid, while the lemon is intensely acid, although it contains nearly one per cent. more sugar than acid. The strawberry contains nearly six times as much sugar as acid, and the cherry ten times as much.

The acid of fruits gives to them their most important value. They are natural disinfectants for the alimentary canal. None of the ordinary germs which thrive in the stomach and the intestines can live in ordinary fruit juice. It is only of late that this germicidal property of fruits has been appreciated.—*Modern Medicine*.

THE “trinity of technique” for wounds is as follows. Pin it to your coat. Asepticism, total rest, and a close coaptation of the edges.—*Surgical Clinic*.

IN the gastritis of children, with motor insufficiency, it is pointed out that diet is the main cure, and that the less drugs given the better.—*Surgical Clinic*.

INTRAVENOUS injections of normal saline solution pass from the blood to the tissues by physiological filtration and pass out with the urine.—*Surgical Clinic*.

SUCCESS AND COLLEGE MEN.—The latest edition of “Who’s Who in America” refutes the doubts expressed by a few successful men as to the value of college education as a factor in success, says the Leavenworth Chronicle-Tribune. In this volume are brief biographies of 11,551 Americans living on August 1st, last, who had in some way won success. All the notable figures in public life, in the professions, in the worlds of commerce, industry, finance, art and letters, are here. Probably some names are in that should be out and some out that should be in. But taken all in all, this is evidently a fair poll list of Americans in some way distinguished.

Out of these 11,551 men and women of note, 9,760 gave some educational data about themselves. Of these, 5,775 went to college and 4,810 were graduated. Only about one in one hundred of the able-bodied males of this country is a college man. The percentage of college women is far smaller. Yet out of the 11,551 men and women who have won the distinction implied by their enrollment in this volume more than one half attended college. Of those giving educational data, 59 per cent. were collegians.

The case may be stated in another way. If all the men in this country could be shaken up in a box and one drawn out at random, the odds against drawing a college man would be one hundred to one. But if all the men who have done something of note in the various walks of life could be shaken up, the odds on drawing a college man would be more than even. If there be omitted from the calculation those who furnished details as to technical education only, and those educated at foreign institutions, the result is even more striking. Out of 8,141 which furnished details as to general education, nearly 71 per cent. were collegians.—*Arena*.

SUBSTITUTE FOR RUBBER GLOVES.—Dr. J. B. Murphy, in a preliminary note (*Jour. Am. Med. Ass’n*, XLII, 12, 1904), suggests a method of sealing the hands of the surgeon to prevent escape or admission of secretions during operations, yet not interfering with pliability or sense of touch. He recommends a four to eight per cent. solution of gutta-percha in benzine or acetone, the latter drying the more readily. The coating, which is only slightly adhesive, resists soap and water, but may be removed with benzine, leaving the hands soft and smooth.—*The Coca Leaf*.

PREMATURE “IDIOPATHIC” ALOPECIA.—This form of baldness affects the forehead and vertex. It is often hereditary and is slowly progressive. Stelwagon recommends the following lotion: R Tinct. cantharides, dr. iv; tinct. capsici, oz. ss; olei ricini, dr. ss; alcohol, ad. oz. iv. Rub in thoroughly daily or every second or third day.—*Denver Med. Times*.

EARLY SIGN OF GENERAL PARALYSIS.—At the Thirteenth Congress of Alienists, held at Brussels, E. Toulouse and Cl. Vurpas called attention to a new sign of paresis, induced through modifying the pupillary reflex by applying eserine and atropine to the eye. In the latent period of the disease the reaction to these drugs does not appear at all; in the time of reaction or later period of paresis a few drops of either drug will produce a maximum effect in a short time.—*The Coca Leaf.*

SOLUTIONS of formaldehyde of the strength of only 1 to 250,000 are said to be actively germicidal. Stronger solutions injure the blood.—*Surgical Clinic.*

BENEDICT calls attention to the number of gastric ulcers that are diagnosed as malignant, and points out that the latter kills in two years at most.—*Surgical Clinic.*

THE amount of abdominal rigidity is a fair index to the amount of inflammatory action present. It is a constant sign in all peritoneal irritations.—*Surgical Clinic.*

SUBCUTANEOUS injections of gelatin continue to produce toxic symptoms in children, and its use is being restricted accordingly to desperate cases.—*Surgical Clinic.*

NOTES AND SOCIETIES.

THE Texas Eclectic Medical Association held one of the most successful of its sessions in the Y. M. C. A. Building at Galveston, Tex., October 12-14. The meeting was presided over by Dr. H. W. Gates of Waco. An extensive and varied program was well handled— one of the unique papers being that on geographical medicine—“The Prevailing Diseases of Texas and How to Treat Them,” by Dr. C. D. Hudson, with discussion on it by twelve physicians from various sections of the commonwealth. On the evening of the first day a musical and literary program of high merit was given, Dr. Downs making the address of welcome and Dr. G. W. Johnson responding. Dr. H. H. Helbing of St. Louis gave an instructive and entertaining address on the “National” and discussed the St. Louis Exposition. Prof. John Uri Lloyd of Cincinnati then addressed the convention on the “American Flora.” Among the distinguished visitors, in addition to Profs. Helbing and Lloyd, was Prof. L. E. Russell of Cincinnati, whose discussion of surgical subjects added greatly to the interest of the meeting. It is to be hoped that this custom of intervisitation at our state societies will become general as it cements the bonds between them and brings eclectics closer in sympathy

and touch nationally. Eclecticism should be a unity and the last few years have witnessed rapid strides in this direction.

The work done at this meeting was far reaching and the papers above the average. It must be understood, however, that there is always, besides a business and medical side to a convention in Texas, social recreation sustaining fully the reputation of that State for pleasant hospitality. Therefore we read in the *Galveston Daily News* that "after dinner the delegates and their families and friends, escorted by the local members, enjoyed an excursion on the bay. The weather was delightful and the cruise through the harbor proved the greatest feature of the pleasure program prepared for the visiting doctors. The steamer carried the party out between the jetties and gave them a touch of sea life, unfolding a panorama of the eastern portion of the harbor with the fortifications of Fort San Jacinto, the quarantine station and Government property on the island and Fort Travis, Port Bolivar and other interesting sights on the mainland side of the bay. A splendid view of the shipping in port was given while the steamer coursed its way westward for the excursionists to examine the wharves as far westward as the Southern Pacific docks, with the dike on the north side of the channel. The outing on the bay consumed about two hours and was thoroughly enjoyed by both visitors and Galvestonians.

"The next pleasure announcement was the surf bathing, and the party repaired to the beach. The water was considerably warmer than the atmosphere, and the dip in the surf was found to be a real treat. All of the visitors entered into the spirit of the occasion and were prepared to have a jolly good time with the playful surf, while the more timid members, who would not venture into the Gulf, were made to feel that they were included in the jollification. Some of the doctors from the colder climates, fully appreciating a surf bath in the middle of October, could hardly be induced to leave the water after an hour's play. Last evening a reception was given complimentary to the members of the association at the home of Dr. and Mrs. L. S. Downs and was pronounced a most delightful social."

The officers elected for the coming year are: W. E. Bridge, M. D., of Gober, President; J. E. Cutler, M. D., of Crosby, Vice President; L. S. Downs, M. D., of Galveston, (re-elected) Secretary; M. E. Daniels, M. D., of Honey Grove, Treasurer, and the three Corresponding Secretaries elected were as follows: Mrs. D. B. Tucker, M. D., of Flatonia; J. H. Lanius, M. D., of Bonham, and G. W. Johnson, M. D., of San Antonio.

The Legislative Committee is composed of the following members: G. W. Johnson, M. D., San Antonio; L. S. Downs, M. D., Galveston; G. Helbing, Barnum.

After some discussion between Fort Worth and Dallas the latter place was finally decided upon as the next place of meeting.

The eclectics of Texas are fortunate in having a press that gives as full and detailed account of their meeting as has the *News*, each issue giving lengthy reports and of such a kind that would show to the people the work being done by the eclectic profession of their state. Good portraits of Dr. G. W. Johnson, of San Antonio, and Profs. Helbing and Lloyd graced the columns of the *News*.

IN response to Dr. L. E. Russell's invitation there gathered at the Bookwalter Hotel, Springfield, O., October 1st, a number of eclectic physicians from Clarke, Greene, Montgomery, Champaign, Logan, Darke and Miami counties, and effected an organization for the western and central districts of Ohio. The meeting was well attended and the members enthusiastic, but owing to the lack of time much business was left until the next meeting. Dr. Russell banqueted the members at the Bookwalter, after which Dr. McCabe conducted a trolley party to the city hospital. Dr. Harley, of Hollandsburg, presented an interesting clinic.

The officers elected were: Dr. L. E. Russell, Springfield, President Dr. W. L. Snyder, Urbana, Rec. Sec'y; Dr. C. S. Amidon, Mechanicsburg, Treasurer; and Dr. Guy J. Kent, Casstown, Corresponding Secretary. The next meeting will be held at Springfield City Hospital on Tuesday, November 1st. It was decided to select a name for the new society at the next meeting.

We want the co-operation of every eclectic in this part of the State, and believe this society is destined to become the strongest local eclectic society in the Buckeye State.—*Guy J. Kent, M. D.*

THE charter list of the new Eclectic Medical Society, organized at Springfield, O., is as follows: E. M. Ellsworth, Dayton; Robert W. Chalfant, Bellefontaine; W. H. Swisher, Dayton; W. G. Stephens, Catawba; J. P. Dice, Xenia; W. P. Madden, Xenia; Oscar Ralston, Bellefontaine; W. M. Morrow, Harmony; I. W. Clinger, Springfield; Charles A. Hartley, Troy; W. L. Snyder, Urbana; J. H. Reynolds, Lawrenceburg; W. M. Deardorf, New Moorefield; W. S. Dillahunt, George W. Reichard, J. M. Austin, J. E. Cooper, A. M. Potter, Howard H. Austin, C. W. Russell, J. M. Barry, L. E. Russell, Springfield; G. W. Harley, Hollandsburg; J. P. Harbert, Bellefontaine; J. C. Amidon, Mechanicsburg; Guy J. Kent, Casstown; J. B. Baker, Fletcher; W. S. Turner, Waynesfield; W. H. Graham, South Charleston.

Ohio has a strong state association and many local or district societies of which we are justly proud. That this new organization may

meet with the success and renown that have characterized the others is the wish of the GLEANER and all eclectics. We can not have too many societies provided they are good ones, and for the work that will be done by those whose names grace the charter list there is no need of comment. It will flourish and make even stronger the staunch eclecticism of Ohio eclectics.

BENT upon scientific inquiry, Mr. Curtis Gates Lloyd, the botanist and mycologist, is now upon his second trip to the Hawaiian islands and the Samoan group. There he will pursue his research on fungi, in which study he ranks high among the world's mycologists. Accompanying Mr. Lloyd is his nephew Thomas Lloyd, son of Prof. John Uri Lloyd, who recently spent sometime in Mexico and California, making a field study of entomology. The younger Lloyd will study the spiders of the islands visited. These scientists will be the guests of a leading chief, Saipala, while in the Samoan islands, as Mr. C. G. Lloyd was in 1899-1900, when he spent ten weeks in studying the fungi of that section of the world. At that time he greatly enriched his mycological collection with many new specimens, and secured many excellent photographs of interest to those pursuing the study of fungi. On his first trip Mr. C. G. Lloyd was shown the utmost courtesy by the chief, when the latter was assured that he was not a land buccaneer and that he was in search only of objects of purely scientific character. He hospitably received the mycologist into his family circle, and when about to make his departure for home he sent with Mr. Lloyd a body guard, among which were some of the chief's own family, which accompanied him to Apia. Mr. Lloyd's close connection with eclectic interests and with the GLEANER makes it fitting that this publication wish them a Godspeed and safe return, as well as abundant success in their scientific researches.

DR. W. B. CHURCH moved to Cincinnati in September and is now located at 628 Elm St., Cincinnati (The Berkshire Bldg.). Tel. M 3763R. Dr. Church proves an excellent teacher of surgery. For ten years he filled important chairs in the California Medical College and comes highly endorsed by his former colleagues.

AMONG the rarer works housed in the Lloyd Library are many on special fields of botany. These are invaluable to the specialist in pursuing historic and scientific research along special botanical lines. Messrs. J. N. Rose and N. L. Britton are preparing a *Monograph on Cactaceæ*, and for this purpose two books not possessed by the National Museum at Washington, "Hortus Dyckensis" (1834), by Salm-Dyck, and "Handbuch der Cacteenkunde," Leipzig (1846), by C. F. Forster, have been placed at the disposal of these scientists by the librarian of the Lloyd Library, Mr. William Holden.

MR LYMAN F. KEBLER, of the Pure Food Department, Washington, spent Saturday, October 1st, in Cincinnati, visiting the Lloyd Library. Upon Mr. Kebler's shoulders, as is well known, rests an important feature of the department's work, which makes an institution like the Lloyd Library of exceeding value and interest to him, in connection with the literature found therein, bearing upon the present and past history of pharmacy, medicine, chemicals, and connected subjects. The question that is uppermost in the minds of all such men as Mr. Kebler is: "Where will this library finally rest, to be of the greatest service to the greatest number?" and, as can be readily comprehended, it will require much disinterested thought to enable anyone to decide so important a question. That it will rest in America, intact, in some university or teaching institution, is assured, and this announcement alone is about as far as the builders of the library have reached in the final solution of the problem. Wherever it may rest, it will certainly be for all time to come a tribute to the eclectic school in medicine, where is to be found the most complete record of the work eclecticism has done.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

Outlines of Dissection, based upon Morris' Anatomy. By S. M. Yutzy M. D., Instructor of Osteology and Demonstrator of Anatomy in the University of Michigan, Ann Arbor. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St., 1903. Price, 25 cents.

This is an invaluable guide to the order in which students should pursue their dissections and is so numbered as to connect the dissected parts at once with the descriptions in Morris. Our experience in the dissecting room has taught us that such guides are of inestimable help.

Manual of Physiological and Clinical Chemistry. By Elias H. Bartley, B. S., M. D. Ph. G., Professor of Chemistry, Toxicology and Pediatrics in the Long Island College Hospital. Second Edition. Revised and Enlarged, with 47 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St., 1904. Price, \$1.00, net.

This manual is directed to the elucidation of fundamental chemical principles and the application of those principles to the practical side of scientific medicine. The object is to give such a chemistry as will aid in

the diagnosis and treatment of diseased conditions—in fact clinical chemistry—to the exclusion to an extent of detection of poisons, extended analytical work, investigation of drugs or foods, or sanitary analysis. A large part of the work is devoted to examination of the body secretions and excretions. It should find an extended use in all college laboratories and fill a gap in the working library of many practicing physicians.

The Medical Book News. Devoted to the supplying of authoritative information concerning the Literature of Medicine and the Allied Sciences. Monthly. P. Blakiston's Son & Co., Publishers, Philadelphia. Subscription, 50 cents per annum.

Doctor, are you acquainted with this little monthly visitor? If not, you have missed something you need. It will keep you posted upon lists of recent and forthcoming publications, description of new books, reviews from prominent periodicals, college and library items, and notes of medico-literary interest. The notes upon medical history are alone worth the yearly subscription price. It fills a place all its own and is worth many times as much as many so-called medical journals.

Hand-Book of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. St. John Roosa, M.D., LL.D., professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A.M., M.D., Professor of Diseases of the Eye in the New York Post-graduate Medical School; Fellow of the New York Academy of Medicine. 300 Pages, Square, 12 mo. Price, Extra Cloth, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

A splendidly prepared little volume that invites one to take it up and read between the busy hours of professional work. There is too little known of eye and ear troubles among general practitioners. Whether he cares to practice upon lesions of these members or not he is in duty bound to have enough knowledge of these subjects to recognize the common ailments of either. Though small, this work is not a mere compend, but is so admirably condensed and worded that one gets a full knowledge of the more characteristic symptoms and the latest methods of treatment. The anatomy of the eye and ear are neatly presented—being a relief from the heavy descriptions of our larger text-books. Every student should own this hand-book.

Refraction and How to Refract. By James Thorington, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine. Third Edition; 215 Illustrations. Pages

314. Philadelphia. P. Blakiston's Sons & Co., 1012 Walnut St. 1904. Price, \$1.50, net.

The third edition of this useful work will be welcomed by those who desire to know more of optics and refraction. Starting with a consideration of the rays of light the student is gradually brought to a comprehensive knowledge of optics. Then taking the normal eye as a standard comparative chapters on ametropic eyes are given, and, lastly, he is taught how to place glasses before ametropic eyes so as to make them equal to the standard condition of a normal eye. Retinoscopy is fully considered, many new figures added and the work is brought fully up to the requirements of the times. It deserves a large sale.

Good Things—Old and New.

COMMENT ON ANTIKAMNIA & HEROIN TABLETS.—Under the head of "Therapeutics," the *Medical Examiner* contains the following by Walter M. Fleming, A. M., M. D.,* regarding this valuable combination: "Its effect on the respiratory organs is not at all depressing, but primarily it is stimulating, which is promptly followed by a quietude which is invigorating and bracing, instead of depressing and followed by lassitude. It is not inclined to affect the bowels by producing constipation, which is one of the prominent effects of an opiate, and it is without the unpleasant sequels which characterize the use of morphine. It neither stupefies nor depresses the patient, but yields all the mild anodyne results without any of the toxic or objectionable phases.

"When there is a persistent cough, a constant 'hacking,' a 'tickling' or irritable membrane, accompanied with dyspnea and tenacious mucus, the treatment indicated, has no superior. In my experience I found one 'Antikamnia & Heroin Tablet' every two or three hours, for an adult, to be the most desirable average dose. For night-coughs, superficial or deep seated, one tablet on retiring, if allowed to dissolve in the mouth, will relieve promptly, and insure a good night's rest. In short, it will be found futile to delve for a more prompt and efficient remedy than 'Antikamnia & Heroin Tablets' in all bronchial complications with laryngeal irritation, dyspnea, asthma, winter-cough and general irritability of the thoracic viscera."

LOCATION FOR SALE.—In a live city of 10,000 inhabitants in Indian Territory, to any eclectic physician. No other here. Did last year \$2,285, 85 per cent. collectable. Desire to change on account of wife's health. Write me at once for particulars if you want a fine location cheap. Dr. W. W. Tooker, M. D., South McAlester, I. T.

*Qualified Examiner in Nervous and Mental Diseases for Supreme Court, New York City.

THE ECLECTIC MEDICAL GLEANER.

VOL. XV.

DECEMBER, 1904.

No. 12.

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To whom all communications in reference to articles and matters for publication should be addressed.

Published at THE LLOYD LIBRARY, 224 West Court Street, Cincinnati, Ohio.
To which all subscriptions, advertisements, and matters of business should be addressed.

EDITORIAL NOTES.

"ON Earth Peace, Good Will Toward Men," has been the dominant note in all Christmas thought since the lowly manger in Bethlehem cradled Him who was to be a light to the paths of men, and was crowned the "Prince of Peace." The *GLEANER*, at the close of the year, and in the dawn of the Christmastide shares with you this spirit and pleads for peace here—peace everywhere. Against the warring in the Orient let there be peace; if there be dissensions in the nations let peace quickly conquer; if there be factional disturbances in the profession recall how little good has ever thus been accomplished, and let peace show its hand of love and restrain those whose state of unrest is standing in the way of the betterment of the profession, and thereby of mankind.

Warfare is not relished by the mature in thought and judgment. Warriors who have spent years in the army and upon the field of carnage are the loudest among men in their cry for peace. War is Hell! declared John Sherman, who from the vantage ground of statesmanship had beheld the panorama of a nation's conflict, and whose ripe judgment foresaw better ways of settling the differences between men and nations. As the year passes let strife pass with it. Let peace reign in the home, in the church, in the state, in the great international family. Let the traditional opposition of the schools in medicine become only a past and unpleasant epoch on history's page. Let the various branches of the medical profession live in peace with each other, looking only to the greater perfection of means and methods of alleviating distress and disease; let harmony and good will prevail among neighboring physicians; and let our colleges teach and keep peace as the first requisite to a successful professional life.

The *GLEANER*, at this hour, can bestow no better Christmas gift than to wish for all its readers and all mankind the benediction of peace—a peaceful life here, and at the end—peace.

ATTRACTED by the article by Dr. Shaulis, on Pilocarpus, in our last issue, and the editorial comment thereon, Dr. J. D. Smith, of Dayton, Ohio, contributes the following note concerning the value of the drug in pneumonia:

"I have just read the article in November GLEANER on Pilocarpus, also your editorial note on the same, both of which were of interest to me. I have noted such favorable results from its administration in the early stages of pneumonia that I felt that I ought to report my experience. I was once called to see a man of about 50 years of age—a strong laborer. He was suffering severe pain in right side of chest, which came on with a hard chill some five hours previously. Temperature 103° F. I gave one-half drachm Pilocarpus and five drops aconite to a half glass water; teaspoonful doses every hour till three doses were taken, then every two hours, and applied emetic powder on larded flannel to the chest. In ten hours I called again and found him expectorating the characteristic rusty sputa of pneumonia, but with a tem-
perature of 100° F.; skin moist, flannels and underclothing saturated with perspiration, and pain almost entirely relieved. He was out in five days. I have had other cases of pneumonia where I thought it did a great deal for the patient, but none where the results were so marked as in this one. I have failed to see any beneficial results follow its use in this trouble if given more than twenty-four hours after the chill. I am anxiously awaiting further reports concerning its use in disorders of the female organs. I recently gave it in a case of suppression of the lochial discharge which occurred on the ninth day following confinement. The patient had a chill, fever ran up to 104½°; a hot douche, hot applications to lower abdomen, and the administration of pilocarpus and macrotys soon restored the discharge and lowered the temper-
ature, but as the drug was not given alone I can not say how much influence it had."

It will be observed that Dr. Smith calls especial attention to one point and that is the good results, in his cases, have only been observed when the drug was administered early in the treatment. This is not only true of pilocarpus, but of many other drugs, notably bryonia and colocynth, that are powerful in producing good effects if given early, before extensive lesions put the patient beyond the hope of repair. Apparently some drugs may be brought into a case at any time and re-
sults are at once observed; others must be used, if we may term it so, as abortive agents. There is a large field for pilocarpus, and he who takes it up and studies and tests it thoroughly will not be disappointed. His results will parallel those of Dr. Smith. Its action in the early stage of bronchitis and the congestive stage of pneumonia to relieve local in-
flammation and reduce fever are referred to in the *American Dispensatory* (Article Pilocarpus, p. 1485.)

We have no doubt in the second case mentioned—that of suppressed lochia—that pilocarpus, owing to its well-known action in establishing secretion, was the agent responsible for the re-establishment of the lochial flow. We have a few remedies, notably hedeoma, which are positive in their action in these post-partum disturbances, and if pilocarpus proves to be another our already rich obstetrical therapy will thereby be extended. That it has a specific action upon the uterus is not surprising for its use as a galactagogue and the sympathy between the reproductive tract and the mammary glands are matters of record. In the recent edition of the *American Dispensatory*, attention is called to its value in metritis, and Professor King recorded its reputed uses in an earlier edition, when he referred to it as a remedy for diseases due to "a morbid poison (puerperal septicæmia?)".

Remember the indications for pilocarpus; "Deficient secretion; marked dryness and heat of skin and mucous tissues; pulse full, hard, sharp and strong; muscular pain; muscular spasm; urine suppressed, of deep color and high specific gravity; elevated temperature, with deficient secretion; puffiness of tissues; rigid, hard os uteri; marked restlessness; dry, harsh cough; tenacious sputum; œdema; uræmic poisoning and convulsions; increased ocular tension; itching, with jaundice. Adapted chiefly to sthenic cases. Minute doses relieve colligative sweating."

THE experience of Dr. Stephens tallies so nearly with that of the writer, that he has reproduced his (Dr. Stephens') article (p. 410) for the benefit of those who have not had experience with echinacea and echafolta in injuries from explosives. On the 4th of July, a little colored boy, not satisfied with the usual method of "firing off" a dynamite cane reversed the stick and struck the handle upon the ground while holding the exploder in his hand. The result was an explosion and a shattered thumb. When presented for treatment the whole of the fleshy tissue from the interphalangeal joint was torn from the bone and hung like a liberty cap suspended by a slight attachment to the dorsal aspect of the member. After cleansing it thoroughly from dirt and fragments of explosive, using a solution of asepsin and echinacea in boiling water the fleshy pulp was replaced by slipping it back over the denuded bone and stitched to retain it in place. We fully expected it to fail to unite with the periosteum, which fortunately appeared to be unbroken, and to develop an abundance of pus. To our surprise no pus formed, and though the swelling (almost causing the stitches to tear out) was great, the result was rapid healing and a well formed thumb. The dressing used was composed of—R. Asepsin, grs. x; echafolta, 3*i.*; boiled water, q. s. 3*iv.* Mix. After cleansing the injured member each day with warm water

and asepsin, full strength echafolta was poured upon it, a piece of gauze applied and covered with a roller bandage, and directions given to pour into the dressings at the end of the thumb about a teaspoonful of the above named lotion. In two weeks it was sufficiently improved to allow the mother to care for it, and in three weeks completely healed. In another case of injury echafolta was the only remedy giving satisfactory results. A young foundryman was injured on the outer side of the calf of the leg by a heavy iron beam falling upon him. From extravasation of blood the limb was purplish-black from toes to above the knee. Great swelling and pain accompanied the injury, and the nearest physician was called and took proper measures to subdue the inflammation and put the limb at rest. Being his family physician we were asked to take charge of the case. Everything pointed to the formation of a large abscess, but in a few days the swelling began to subside and pain practically ceased. A large black mass, however, persisted at the site of the injury, which in a day or two became denuded of skin and opened; there was, however, no discharge of pus, but rather a disintegration and dissolving of tissue. It quickly took on a gangrenous condition. The blackened portion was scraped out as far as possible, the parts cleansed with hydrogen dioxide, and subsequently treated for a few days with solution of potassium permanganate. While granulation obtained slowly and appeared healthy, though sluggish, there was an intolerable odor which obstinately refused to be divorced from the tissues. This remained for several days despite the use of the hydrogen dioxide and the permanganate wash. Gauze was then saturated with full strength echafolta and applied, and when dressed again in four hours every vestige of odor had disappeared. From that time the only treatment consisted in packing the cavity with gauze saturated with echafolta (after a few days diluted one-half), and recovery was uneventful and uninterrupted.

We have also been getting prompt and satisfactory results from both echafolta and echinacea, usually combined with asepsin in solution, in thecal inflammation. These are usually the results of bruises, or from splinters, spicula of bones, or infection from cuts or abrasions. The parts are badly swollen, and the surface looks as if there might be an abundance of pus beneath. On exploring early no pus is found. The application of asepsinated echafolta promptly puts an end to the trouble. We can heartily endorse Dr. Stephens' declaration that echafolta and echinacea were "certainly made for the healing of wounds."

BESIDES the vast good that Mr. Henry S. Wellcome has done for pharmacy and medicine, he now contemplates a strictly profession and scientific exhibition in connection with the history of medicine, chemistry, pharmacy, and allied sciences. It is his aim to "bring together a

collection of historical objects illustrating the development of the art and science of healing throughout the ages." In connection with the project Mr. Wellcome says: "For many years I have been engaged in researches respecting the early methods employed in the healing art, both among civilized and uncivilized peoples. It has been my object in particular to trace the origin of the use of remedial agents. Why were certain substances used in the treatment of disease? Was their adoption the result of study and practical observation, or was it more usually the result of accident? Were the alleged virtues purely imaginary and due to some superstitious suggestion? A consideration of such questions is always of interest and sometimes adds to our knowledge.

"There is a considerable amount of information scattered throughout the world in folk-lore, early manuscripts, and printed books, but the difficulties of tracing out and sifting the evidence are considerable. I anticipate that the exhibition will lead to the revealing of many facts, and the elucidation of many obscure points in connection with the origins of various medicines. It should also bring to light many objects of historical interest hitherto known only to the owners and their personal friends.

"I should greatly value any information sent me in regard to medical traditions or references to ancient treatment in manuscripts, printed works, etc. Even though the items be but small, they may form important connecting links in the chain of historical evidence.

"It is my desire ultimately to place before the profession, in a collected form, all the information which I obtain.

"The success of the undertaking will largely depend upon the co-operation of those who, like myself, are interested in these subjects. This indicates the range of the proposed exhibition. Should you possess any of the articles mentioned herein, I trust I may count upon your kind assistance by lending them to me, so that the exhibition may be thoroughly representative. I should also highly esteem your kindness if you would inform me of such objects in the possession of others.

"I need hardly say that great care will be taken of everything sent on loan, and all exhibits will be insured. If requested, I will also insure articles while in transit. Packing and carriage, both ways, will be paid by me. Unless a desire is expressed to the contrary, the name of each contributor will be mentioned in the catalogue and placed with the exhibit. Hints and suggestions in connection with the exhibition will be much appreciated."

"The following is the classification of exhibits: Section 1—Paintings, drawings, engravings, prints, photographs, silhouettes, medallions, sculptures and casts of historical interest, of—*a.* Distinguished physicians, surgeons, alchemists, apothecaries, chemists, pharmacists, nurses,

etc. *b.* Ancient British and foreign medical, chemical and pharmaceutical institutions. *c.* Important and interesting events in the history of medicine, chemistry and pharmacy.

Section 2—Rare and curious manuscripts, incunabula, books, periodicals, pamphlets and book plates on and connected with medical, chemical, pharmaceutical and allied scientific subjects.

Section 3—Letters, prescriptions, autographs, records of experiments, ancient diplomas, licenses, instruments, apparatus, and other personal relics of medical, pharmaceutical and chemical interest.

Section 4—Curiosities of medicine—*a.* Materia medica of all ages. Specimens of ancient medicines in all forms. *b.* Formulæ of all ages. *c.* Ancient and modern medicine chests—civil, military and naval. *d.* Votive offerings for health; ancient and modern amulets, amuletic medicines, medals, tokens, seals, emblems, charms, talismans. Medical relics of savage and primitive peoples. *e.* Ancient corporate insignia and early diplomas in medicine granted by British and foreign colleges. *f.* Rare and curious memorials of medical practice. *g.* Memorials of medication by animal substances. *h.* Memorials of the influence of astrology on medicine.

Section 5—Curiosities of surgery—*a.* Relics of ancient and mediæval surgery, dentistry and veterinary surgery. *b.* Ancient and mediæval hospital equipment. *c.* Curiosities of anatomy and curious anatomical models. *d.* Historical and ancient surgical instruments, appliances, etc. *e.* Ancient corporate insignia and early diplomas in surgery granted by British and foreign colleges. *f.* Instruments used in surgery by primitive peoples.

Section 6—Curiosities of pharmacy—*a.* Quaint pharmaceutical recipes. *b.* Scales, weights and measures of all ages. *c.* Ancient stills, mortars and pharmaceutical implements. *d.* Curious bottles, carboys, retorts, alembics, ointment jars, drug jars, ewers, mills, etc. *e.* Curious laboratory apparatus. *f.* Ancient prescription books and price lists. *g.* Ancient counter bills, labels, business cards, curious advertisements and trade tokens. *h.* Ancient apothecaries' shop signs, early shop fittings and appliances. *i.* Early pharmaceutical specialties, and specimens of obsolete and strange medical combinations. *j.* Old travellers' advice-books, curious orders, etc.

Section 7—Curiosities of allied sciences—*a.* Ancient herbaria. Abnormal plant forms. *b.* Curious magnetic and electrical appliances. *c.* Curious relics of dental surgery. Early artificial dentures. Ancient instruments, etc.

Section 8—Historical apparatus associated with important discoveries in medicine, chemistry and pharmacy.

Section 9—Preventive medicine. Public health. Tropical medicine. Objects of interest, ancient and modern, connected with the treatment of plague and pestilence. Exhibits illustrative of physiology, anthropology, microscopy, bacteriology, biology and geography, toxicology. (Curious poisons and historical objects connected with famous poisoning cases.)

Section 10—Nursing and ambulance—Early hospital and general nursing. Infant nursing. Ambulance appliances. Ancient feeding cups and bottles. Naval and military nursing and ambulance appliances and equipments. Portraits of famous nurses. Relics and objects of interest associated with nurses.

Section 11—Curiosities of photography—Objects illustrating the invention and history of photography. Early cameras and apparatus. Daguerreotypes. Portraits of the pioneers of photography. Original papers and early MSS. on photography. Application of photography to medicine. Early X-ray apparatus.

Section 12—Adulteration and falsification of drugs, medicines, foodstuffs, fabrics, and of any articles affecting health, or associated with medicine, chemistry, pharmacy and allied sciences."

In these twelve sections will be found almost everything of interest in the history of medicine and allied sciences. Although but few of us can view this interesting exhibit, many of us can contribute relics or other historical objects, and thus help to make this exhibit a memorable one. Inasmuch as Mr. Wellcome proposes to publish "in collected form" all the information obtained we may all partake of the benefit by reading the mass of historical and scientific data that is sure to be the result of this magnificent enterprise. The exhibition will not be open to the general public, and is to be held "shortly" in London, England. It is, in short, a "thank offering" commemorative of the twenty-fifth anniversary of the firm with which Mr. Wellcome is connected—Burroughs, Wellcome & Co.

TREATMENT OF ARTERIOSCLEROSIS*

By J. M. ANDERS, M. D., LL. D.

To develop the subject of the treatment of arteriosclerosis in its principal bearings, it will be necessary first to subdivide the cases into etiologic categories, as follows: 1. Those due to toxic agencies in the blood, e. g., in chronic alcoholism, lead-poisoning, diabetes mellitus, syphilis, gout, rheumatism, and other infectious diseases. 2. Arteriosclerosis caused by the constant ingestion of an excess of either the

*Read at the Fifty-fifth Annual Session of the American Medical Association, in the Section on Practice of Medicine.

carbohydrates or nitrogenous foods. 3. Cases dependent on constant hypertension, due to muscular overexercise, as in certain laborious occupations and violent competitive sports. 4. Aortic regurgitation, in which overfilling of the blood vessels is a concomitant; also exalted tension arising from ingestion of an excess of fluids, as in beer drinkers. 5. Cases due to senile degenerative changes.

With the two last-mentioned groups of cases I shall not deal at present writing, although many of the measures that will be recommended for arteriosclerosis originating in other ways tend to retard senile degeneration.

Prophylaxis.—Prophylaxis should begin in early life, restraining enthusiasm, energy, and pluck which lead to competitive efforts in the popular domain of athletics, and cripples the arterial system on which the individual must rely for work and usefulness in after life. Another consideration pertains to the regulation of the occupation, particularly during childhood and adolescence. On the detection of any discoverable, adequate causes for the arteriosclerosis, however, early in life, the aim should be to counteract or overcome them, and at the same time bring into requisition certain hygienic measures for their favorable influence in improving the metabolic processes. Attention must be paid to the foodstuffs that furnish suitable products for both anabolism and catabolism. Oxidation, that most important chemical process in catabolism, by means of which decomposition of albumin, sugars, and fats is accomplished with fixation of oxygen, is greatly favored by well-regulated systematic muscular exercise. This is especially true of the fats, less so of the proteids. The maintenance of a complete nutritive equilibrium is a potent means of preventing those pathologic processes which inevitably result in various forms of degeneration among which arterial changes are apt to be earliest manifested.

General Treatment.—In existing arteriosclerosis, each sufferer must be minutely investigated as regards the extent of the arterial changes, the tension of the pulse, condition of the heart, digestive functions and eliminative power of the kidneys.

Perhaps the majority of the cases are dependent on gout. At all events it may be regarded as the type of the causative conditions mentioned under one and two; and in the etiology of individual cases two or more of these factors may be present together. Thus the use or abuse of alcohol plays a not unimportant role in the arteriosclerosis of gouty subjects.

Hygienic Measures.—In this class (due, as above mentioned, to toxic agencies which, in turn, are often dependent on faulty metabolism, acting as irritants of the blood) nothing is so vitally important as a suitable diet and régime. There is, however, no special diet suitable for

all cases of gout; no dietetic rules universally applicable. When the metabolic processes are abnormal they vary with the individual cases.

It is highly probable that certain individuals are proof against over-indulgence in foods and alcohol. At least, in my view, the amount of aliment that can be ingested without apparent pathologic effects differs within almost inconceivable limits in different persons. On the other hand, when there is distinctly marked evidence either of gormandizing or mere overeating of either the carbohydrates or the more concentrated nitrogenous articles of diet, in gouty individuals we find that a careful regulation of the patient's dietary is obviously helpful. Such subjects, in addition to manifesting gouty features, are, as a rule, plethoric robust, and often inclined to corpulency, and a rigid system of living must be enjoined. A suitable and oftentimes a considerable restriction in the amount of food is a prime requisite. Both fat-forming and urea-producing foods must be lessened, as a rule.

It is highly probable that urea, which is so irritating to the kidneys acts similarly on the coats of the blood-vessels. Again, granular kidneys are a not uncommon concomitant of arteriosclerosis, and when present demand a special diet.

Per contra, spare subjects, whose general tone is low and who are afflicted with arteriosclerosis, require a more generous diet, embracing a more liberal allowance of fat-producing foods.

Time and space will not permit me to enter into details concerning a podagric dietary, but broadly speaking, permissible articles of food are: Whole milk, eggs, butter, succulent vegetables, fruits (except strawberries, bananas and tomatoes), and farinacea.

Of animal substances, oysters, fowl and fish (except those that contain much protein, as salmon, mackerel, smoked herring, halibut, salt codfish, flounders, canned sardines, and the like) may be partaken of, while beef and mutton are to be employed, although cautiously. Mohr and Kaufman have shown that the nitrogen excretion is quite as good for the dark as the light meats. Respecting animal food, it may be said that it is beneficial rather than harmful if taken in moderate, suitable quantity.

In the gouty subjects, certain waste products, as uric acid and urate of soda, are retained in the system because too little fluid is taken to hold them in solution and insure their exit from the system through the natural channels of elimination — the kidneys. It is a misfortune that gouty subjects commonly fail to take water between meals. On the other hand, they should be urged to do so, thus favoring the elimination of effete products through the emunctories and obviating arteriosclerotic, muscular and arthritic changes.

Subjects of gouty manifestations must adopt an open-air life, coupled with regular, systematic muscular exercise, which increases the vigor and activity of the circulation, not only through the vascular system, but also through the lymph spaces and lymphatics. It thus becomes an effective means of forcing from the system the waste products. T. Lauder Brunton has emphasized the fact that the motions of diaphragm tend to pump the lymph out of the peritoneum and pleura.

The action of the heart, as Kronecker has pointed out, constitutes a sort of massage to the arteries, lungs and pericardium. At each systole the blood stream drives the internal layer against the middle, and the middle against the outer, so that any fluid lying between them will be driven outward into the lymphatics. *Per contra*, during the diastole, these layers will tend to separate from one another and draw fresh supplies of tissue juices from the *vasa vasorum*.

Exercise.—It follows that stimulation of the organic functions of respiration and circulation by systematic, wisely-regulated training will aid in the elimination of waste material and the maintenance of good, healthy nutrition of the thoracic organs and the outlying blood-vessels.

In arteriosclerosis the vascular tension is abnormally high, although it varies in degree. Obviously, severe muscular exercise which induces and maintains a notable rise of blood pressure is inappropriate. *Per contra*, mild exercise produces a slight temporary rise of blood pressure, but it falls during its continuance, hence the latter form of exercise favorably influences the circulation by dilating the blood paths and lessening the peripheral resistance.

Naturally, it is during the earlier period of arteriosclerosis, or before the changes in the arteries induce markedly increased resistance to the blood stream in the peripheral vessels, that muscular exercise produces its most beneficial effects. As regards exercise in this disease, however, no hard and fast rules can be laid down.

Massage.—In massage we also possess a measure that by its stimulating influence on the circulation through the muscles produces an effect similar to muscular exercise. Moreover, in this case, the heart is not called on to put forth extra exertion. Indeed, the blood pressure is lessened by the use of massage, so that the heart's work is correspondingly reduced.

While thus endeavoring to increase the elimination of the waste products through the kidneys, special attention should be paid to the subject of the quantitative estimation of the urea, the chlorides and other metabolic products. My own studies and observations on this head show that in 80 per cent. of gouty subjects the percentage of urea ordinarily contained in the urine is at least from 25 to 35 per cent. below the normal.

I have notes of 12 cases in which the daily output of urea had been on the average 200 grn., and under the influence of such measures as systematic physical exercise, massage, and a liberal amount of simple pure water between the meals, the total daily excretion was greatly increased, even to the normal quantity in 3 of the cases.

If the alternate contraction and relaxation of the voluntary muscles could be properly maintained, the return circulation through the veins as well as the lymphatic current would not require the aid of massage. But unless a free circulation can be kept up by muscular exercise, carefully systematized, massage becomes imperitive, since it is potent to bring about a rapid blood flow (three times more rapidly than the normal), thus preventing the deposit of micro-organisms, inorganic salts, and other particles.

By massage, we not only stimulate the alternate contraction of voluntary and involuntary muscles that are accessible, but also those that are inaccessible, principally by reflex action.

The improvement brought about by this measure extends to the vascular system itself. Edgecombe and Bain have found experimentally that while massage produces an initial rise of blood pressure, this is followed by a decided fall. It was, however, found that severe massage and compression of the abdomen caused a rise of pressure occasioned by the dispersion of the blood in the splanchnic veins. Massage increases the flow of lymph in a striking manner. Now it is the function of the lymphatics to remove the effete matters from the tissues; they also take up the "superabundance of nutritive fluids not immediately required for the nourishment of the tissues." By remembering the principal causes of arteriosclerosis (before stated), it is clear that by a proper regulation of the séances massage becomes a most useful means of prophylaxis by stimulating the functions of the lymphatics, and it may exert a retarding influence in established cases. Finally, massage also exercises a beneficial influence on the glandular secretions and the nervous system.

In the disease under consideration, in which the arterial pressure is exalted, warm baths, which lower the tension both in the arteries and veins, are most serviceable. They also materially assist in the process of elimination of waste materials through the sweat glands.

I am fully satisfied that the agencies to which I have referred, namely, an appropriate diet, systematic exercise, massage, and warm baths, are of major importance as compared with the medicinal treatment in the management of this class of cases in which poisons are circulating in the blood, and these in turn dependent on perversion of metabolism.

Muscular Strain as a Factor.—The cases dependent on over-exercise or muscular strain are numerous. For this form of arteriosclerosis, the occupation is often responsible, and almost equally common are the instances occasioned by the abuse of the cardiovascular mechanism in competitive sports. While possessing the power of accommodation to a high degree, the mechanism may yet be overtaxed in young subjects and the basis be laid for sclerotic changes early in life.

In view of the voluminous testimony as to the injurious consequences on the heart and vessel walls of the diversified games indulged in under our modern civilization and the effects of the newer, strenuous life, it is incumbent on the medical profession to urge temperance in the matters of competitive athletics and strain, both mental and physical, without delay. It has been well said that infections and accidents barred, death generally comes through arteriosclerosis. I hold it to be the bounden duty of the medical practitioners, who have doubtless been vividly impressed with the increasing number of cardiovascular conditions due to the general tendency in the direction of overexercise, to utter a note of warning to the public, and particularly to those having in charge our universities and other schools of learning.

We may well ask ourselves, Do we, as a profession, which is the natural teacher and guardian of the populace on the subject of physical training, manifest due solicitude for the young men of the present and future generations? In an age which furnishes numerous examples of young men who, measured by Cazala's rule, are threescore years of age, it may well be enquired, What are the causes of this delay? May not the chivalry and enthusiasm of the football field and other violent forms of competitive sports form one of the chief sources of racial decline?

It this group the important element of treatment is efficient prophylaxis. Many of these cases may thus be held in check, but I have never observed a complete subsidence of the arterial changes.

Medicinal Treatment.—It is not within the scope of this paper to discuss the treatment of the recognized secondary affections, such as fibrous myocarditis, cirrhotic nephritis, and cerebral softening, but attention is called only to the medicinal treatment of the arterial changes. Individual cases, however, must be most carefully studied as regards the associated conditions, and these must receive due consideration. The principal symptoms of this disease are due to a reduction of the lumen of the vessels and loss of elasticity of the coats, owing to the sclerotic changes, conditions that diminish the blood supply to the various viscera.

It may be seriously doubted if the disease is ever arrested by medicine. We may, however, retard its progress to some extent and restore the normal rapidity of the blood current and lower the blood pressure

by dilating the arterioles. The remedies employed for this purpose are nitroglycerin, the nitrates, and potassium iodide.

The Iodides.—According to certain writers, the validity of the claims of the iodides has not been definitely shown, but they have long been lauded by others in the treatment of arteriosclerosis. Except in cases due to syphilis, the results are in no wise comparable in brilliance to those following the careful application of hygienic measures mentioned above and the use of the nitrates. Billings says: "The iodides that have been so commonly used I have no faith in, excepting in syphilitic cases." I have had considerable experience of their use in this disease, enough to allow of the inference that the long-continued use of the iodides is serviceable, in some cases at least. I hold that the iodides are without value as a means of reducing the vascular over-tension, in the presclerotic stage. In marked arteriosclerosis, however, iodine preparations exert a "resolvent action by stimulating phagocytosis" (M. Hubbard). This conclusion is corroborated by the available experience of other observers, but unfortunately these can not be submitted here for lack of time and space.

It is difficult, however, to interpret the results obtained from the use of the iodides, since it not seldom happens that noticeable remissions in the arterial tension are seen during periods in which no special treatment is employed. We are sadly in need of reliable data that shall indicate their precise influence, more especially in diminishing the arterial resistance.

Obviously, the iodides are called for, and extended observations have shown them to be of decided value in cases showing a luetic taint. The use of nitroglycerin and the nitrates to relieve high arterial tension is a customary practice among clinicians. During clinical observations of the pulse, the palpating is sensible of variations in the tension, but it fails to convey precise knowledge as to the extent of the fall resulting from treatment.

[The author appends a few sphygmographic tracings which indicate the results of treatment with nitrates and nitroglycerin in the arteriosclerosis of chronic Bright's disease, as well as that associated with other conditions. Also brief notes of three cases experimented on]

The results of these sphygmographic studies make clear the difference between various conditions described under the title of arteriosclerosis. Thus, the blood-pressure is not materially increased in many cases dependent on senile degeneration, and the same is true of those that arise in chronic diabetes and certain toxemias. Again, the nitrates whose action is so striking in lowering exalted tension are strongly indicated and most effective in that category of cases in which there is an

early and marked increase in the arterial pressure, and the heart as a consequence hypertrophied.

They are often found in association with disturbances of the metabolic processes (e. g., gout) and in the hyperplasia for which constant muscular strain is responsible, after removal of the cause. One further point remains to be emphasized: it is that in the most skilled hands sphygmographic records differ, "not only in different persons, but also on successive applications to the same person."

All instances treated either by the nitrites or the nitroglycerin in ascending doses taught the practical lesson that while a favorable effect is exerted promptly by these remedies, persistence over long periods of time is a prime necessity, otherwise the improvement gained will be speedily lost.—*Merck's Archives*.

ECHINACEA.

By A. F. STEPHENS, M. D., St. Louis, Mo.

On July 4th of this year, Ethel Smith, while playing with a dynamite cane, the metal cap exploder came off, and while attempting to replace it she exploded a cap that was held in the exploding slot. In her efforts to fasten the metal on the end of the cane she placed the end of the stick on the ground and adjusting the metal piece to the end where it belonged, hit it with the palm of her hand. The stroke caused the explosion of the cartridge which, being of the dynamite variety, contained considerable stored-up devilment. The result was a lacerated wound of the palm of the hand which was placed directly over the receiving slot. This wound was stellate, there being three points, and each point of the star being nearly an inch in length. A circle drawn to strike the peripheral points of the wound showed a diameter of an inch and three-quarters. The soft tissues of the palm of the hand were torn from the metacarpal bones to the extent indicated. Lacerated wounds of this character usually slough more or less. In this case the wound was first examined for foreign particles of matter, after which the entire cavity was thoroughly cleansed with full strength specific echinacea, pledgets of plain gauze being used to carry the medicine to all parts of the wound. It was thoroughly done. The superficial wound was then stitched and a compress of plain gauze, wet with pure specific echinacea, applied over the palm of the hand. On top of this there was placed another compress, wet with distilled witch hazel, with instructions to keep constantly wet. Each day the wound was redressed with the undiluted specific echinacea after being cleansed with dioxygen.

The outer compress was kept wet with witch hazel. After the second day echinacea was mixed with the witch hazel in the proportion of one part of the former to four parts of the latter. The result of this treatment was that, unusual as it may seem in a wound of this character, there was no sloughing, no pus, no pain nor soreness, and the healing uninterrupted to the end. I never had as satisfactory results in the treatment of wounds before I began using echinacea as a cleanser and subsequent application by compress. I attribute the good results mainly to the thorough cleaning of the wound with specific echinacea in the beginning. In all injuries, slight or severe, if echinacea is applied, nearly all soreness will be avoided and the wounds will heal without difficulty or inconvenience. So successful has this treatment been in the case of a neighboring butcher that he always visits me after wounding himself with the knife, saw or spicula of bone as is frequently the case in the meat business. By this treatment he is made comfortable, experiences no trouble and suffers little pain; whereas in the past he would nurse a sore hand for days and sometimes weeks at a time. He thinks it is great.

You who have a tender skin and stiff beard, if you will prepare the following mixture to be used after shaving, you will never have cause to complain of irritation and burning of the face. If you shave yourself use it yourself; If you employ a barber have him keep a supply on hand for your especial benefit. The mixture is as follows: R. Specific echinacea, oz. ii; perfume (crab apple), dr. ii; dist. hamamelis q. s. ad. oz. vi. M. S. Apply after shaving.

The more I use the remedy the better I like it. It was certainly made for the healing of wounds.—*The Eclectic Review.*

GELSEMIUM SEMPERVIRENS.

By JOHN WILLIAM FYFE, M. D., Saugatuck, Conn.

In my first medicine case there was a small vial of specific gelsemium. Since that time—now more than a quarter of a century—a number of remedies have disappeared from my list of medicine case drugs, and a number of others have from time to time been assigned to smaller and smaller vials, but the gelsemium vial has kept on increasing in size until now it is one of the largest bottles in my present buggy case. It is none too large, however, for it contains the drug which I most frequently employ in overcoming the various wrongs of life which are daily presented for consideration.

Gelsemium constitutes a superior medicament in a wide and varied range of pathological states. In all fevers showing irritation of the

nerve centers it is an indispensable remedy, and in diseases in which there is evident determination of blood to the brain and spinal cord it has no equal. It also exerts a curative influence in the various neuralgias which often arise from functional disturbances of the nervous system.

Gelsemium and rhus toxicodendron make good companion remedies. As an illustration I will mention a case to which I was recently called. The patient was a boy four years of age. He was apparently very sick, and had been gradually growing worse for more than a week. There was high fever, great restlessness, very bright eyes, contracted pupils, and a constant carrying of the hands to the left frontal region, indicating a severe disturbance in that portion of the head. At times the child was delirious, and he persistently rolled his head from side to side. Fifteen drops of rhus toxicodendron were added to four ounces of water and a teaspoonful of the mixture given every half hour for two hours, and after that the same dose was administered every hour. The following morning the patient's condition was much improved. The medicine was continued and the child made a speedy and complete recovery.

In the treatment of diseases peculiar to women, gelsemium often constitutes a remedial agent of much usefulness. In amenorrhoea it is a drug of positive action and its curative power is promptly manifested and as a means of relieving patients suffering from dysmenorrhoea it is employed with marked success. Hysterical convulsions, when not caused by organic wrongs, are speedily controlled by this medicament. It not only controls the spasms for the time being, but in many cases effects a cure through its tonic influence on the nervous system. In this disease the dose should be sufficiently large to bring the system completely under the influence of the drug. As soon as the convulsions have ceased the dose should be lessened, and then continued until a cure is effected. In some cases it will be necessary to keep the patient continually under the influence of the medicament for a considerable time. In order to quickly control the convulsions it is sometimes advisable to administer the drug hypodermically, when the dose should be from five to ten drops of the specific medicine.

As a parturifacient gelsemium is often employed with gratifying results, as it is of especial value in cramps and other spasmotic conditions. In the nervous irritability, vertigo, wakefulness, and other unpleasant symptoms which frequently accompany gestation, it affords a considerable relief, and its continuous use in small doses for five or six weeks before the time of delivery will mitigate many of the disagreeable symptoms which often appear in the latter period of pregnancy. In labor, when the lower segment of the uterus, vagina and perineal tissues

are constricted, and the os uteri rigid, gelsemium will aid much in securing a normal condition of the parts involved. In this condition ten drops of the specific medicine (or a good fluid extract) should be added to five drams of water and one teaspoonful of the dilution taken every ten minutes until the entire quantity has been administered.

In the treatment of gonorrhœa, gelsemium exerts a desirable influence. It subdues the urethral inflammation and prevents chordee. When a medium dose—five or ten drops—is taken at bed time the patient's rest is seldom disturbed by this unpleasant condition. In spermatorrhœa it induces a remission of the symptoms, and thus prepares the way for other remedies.

Gelsemium, like other remedies, gives its best results when administered in accordance with well known specific indications, among which the following are perhaps the most frequently met with: Irritation and determination of blood to the brain; child rolling its head from side to side; sudden movements of the extremities or facial muscles; neuralgia and nervous headache; flushed face, unnaturally bright eyes and contracted pupils, with increased heat of the head; restlessness and indisposition to sleep; urine passed with difficulty and in small quantities, with a sense of irritation of the urinary organs; rigidity of the os uteri, it being thin, sharp and unyielding; sense of constriction in the loins, with tensive or drawing pain seemingly in the spine.

Gelsemium sempervirens is febrifuge, antispasmodic, alterative, relaxant, nervine, emmenagogue, parturifacient and narcotic.

The dose of gelsemium is from one to ten drops of the specific medicine (or a good fluid extract), but usually its most desirable influence is obtained by adding from ten to thirty drops of the specific medicine to four ounces of water, and administering one teaspoonful of the dilution every hour.—*The Los Angeles Journal of Eclectic Medicine.*

THE DIAGNOSIS OF LOCOMOTOR ATAXIA.

The early anticipation of this disorder is important, and an exact diagnosis must be quickly made. The following facts, stated by Dr. Patrick, will be of great assistance:

First, on account of what disabilities and discomforts does the tabetic patient consult the physician? and secondly, what are the signs and symptoms upon which a diagnosis of tabes should be based?

As a rule, other symptoms drive the patient to seek medical advice months or years before he is conscious of any ataxia in movement. In fact, he states that this symptom may never appear even in cases of 25 years' standing. Usually the first symptoms complained of are lancin-

ating and other pains. The author cites a case which was referred to him with a diagnosis of sciatica and chronic neuralgia. After a careful examination a diagnosis of tabes dorsalis was made. There was no in-co-ordination. The pains of tabes do not always conform to the classical type. They may possess the typical quality, but be located in the arms, trunk, or even the head, in the last location closely resembling tic-douloureux. Frequently the lancinating character of the pain is wanting, the patient complaining of a prolonged burning or boring sensation that is often located in the region of a femoral condyle, on the outer side of the leg or about one malleolus of the ankle. Some patients complain merely of an excessively tired feeling, or a sensation of tension or uneasy ache in the legs. In others epigastric distress, a pseudo-intercostal neuralgia, or a feeling of intense unrest in some part may constitute the first symptom noticed by the patient.

About ten per cent. of the cases first seek the advice of a physician on account of failing vision due to atrophy of the optic nerve. Ptosis may be one of the early symptoms. Patrick believes that 90 per cent. of all paralysis of ocular muscles in adults are caused by tabes, syphilis, or general paresis, and of these, tabes is the most frequent cause of such paralyses.

In a considerable number of ataxics the bladder is the first organ to become disordered. In some of the cases this is shown by frequent urination; the patient being compelled to pass his water every few minutes both day and night. More frequently there is a tardy action of the bladder. With full desire to urinate the patient has to wait and strain before he can start the stream, resembling somewhat the embarrassment of an enlarged prostate. The author speaks of several cases which came to his notice, where owing to the prominence of the urinary symptoms the tabetic condition was overlooked. Occasionally the rectum is first involved, the patient complaining of inability to control the sphincters, or of obstinate constipation. A fullness in the rectum with numbness in the anal region is frequent. Among the misleading symptoms of the early stages of tabes, are, the gastric crises, loss of sexual power, perforating ulcer of the foot and numbness and anesthesia in the distribution of the fifth nerve.

Patrick states "that in all cases of pains, uneasiness, or numbness in the legs or elsewhere, failure of vision, ocular paralysis, bladder trouble, refractory constipation or rectal tenesmus, periodical vomiting or 'bilious attacks' or even attacks of the stomach pain without emesis, diminished sexual power, anesthesia of the face, indolent ulcer of the foot and all cases in which the patient complains of weakness, uncertainty, or ready tire of the legs, it is incumbent on the medical adviser to examine for locomotor ataxia."

The second question—What are the signs and symptoms upon which a diagnosis of tabes should be based, is answered as follows:

1. Loss of knee-jerk.
2. Reflex iridoplegia (the Argyll-Robertson pupil). These two are par excellence the objective signs of locomotor ataxia, and any patient who has no patellar tendon reflex and whose pupils contract with accommodation, but not to light, is in all probability suffering with this disease.
3. History of lightning pains. The typical lancinating pain of locomotor ataxia are pathognomonic. They occur at irregular, generally rather long, intervals, and rarely last more than a day or two, generally a few minutes or a couple of hours. During their continuance they are distinctly but rapidly intermittent, the individual pain lasting only for a fraction of a second to a few seconds. But the typical pains in all their perfection are almost the exception rather than the rule, the atypical burnings, borings, and aches being quite as frequent if diagnostically less pointedly significant.
4. The bladder symptoms already described.
5. Analgesia of the legs. The tactile sense is usually preserved until late in the disease, whereas the perception of painful impressions below the knee is often blunted in the very early stages.
6. A history of specific disease is of major importance, provided infection has not occurred too recently. The prominent role of syphilis in the etiology of tabes has been demonstrated, but tabes is not syphilis of the spinal cord, and does not, like syphilis of the cord, appear within the first years of the infection. As a rule, locomotor ataxia begins eight or twelve years after the chancre; its appearance within five years is exceptional, but a longer interval than twelve years is far from rare.
7. Ocular palsies, transient and coming on suddenly, are strong corroborative evidence of locomotor ataxia.
8. By far the greater number of cases of primary atrophy of the optic nerve are due to tabes, and this atrophy with one or two indubitable signs is quite sufficient for a diagnosis.
9. Atypical pains and paresthesia, such as numbness along the distribution of the ulnar nerve, in the legs and feet, in the perineal and anal regions or about the trunk, long continued intercostal neuralgia, epigastric distress which is not brought on by taking food, and a feeling as if the rectum contained a foreign body are symptoms which help to confirm the diagnosis.
10. In about 80 per cent. of the cases of tabes a more or less complete anesthetic zone will be discovered around the body at about the mammillary line. This sign is rare in other diseases. In tabes it does not appear early.

11. Analgesia of the ulnar nerve is present in tabes. In many of the cases pressure of the nerve against the condyle causes no pain whatever, a marked contrast with the normal condition.
12. Pain on pressure in the testicle is absent in about 75 per cent. of the cases of locomotor ataxia.
13. Fully developed gastric crises are almost pathognomonic and require but little confirmatory evidence.
14. Loss of sexual power is of value as confirmatory evidence only.
15. Impairment of the muscular sense.
16. Ataxia.
17. Persistence of painful impressions after the cause of the pain is removed. This sign is quite characteristic.
18. Muscular hypotonus. The joints can be flexed or extended to an abnormal degree.—*The Chicago Medical Times.*

NASAL THERAPY.*

By JOHN A. THOMPSON, M. D., Cincinnati, Ohio.

All practicing physicians, in every department of medicine, must give some attention to the treatment of diseases of mucous membranes. While all the statements made in regard to nasal therapy will not apply to mucous membranes elsewhere in the body, there is enough of common value to justify the presentation of a paper of this type to a society including in its membership practitioners in all branches of medicine. The study of the exact application of remedies to nasal diseases has been very much neglected.

The transactions of the American Laryngological, Rhinological and Otological Society are fairly representative of the literature of the specialty. There are 284 addresses and essays in the bound volumes of the transactions of that society. They include many valuable contributions to the pathology of diseases of the nose, throat and ear. They are especially rich in descriptions of operative technique and in suggestions for the treatment of severe or unusual cases. But I find in the list no studies of the action of medicines on the common diseases of the nose.

A comparatively small per cent. of the cases we see in daily practice demand operative intervention. A still smaller percentage are unusual or severe cases where the lesions are dangerous to life. While the common cases of acute or chronic inflammation that make up the bulk of our daily work may not be so interesting or so profitable as those re-

*Read before the Academy of Medicine of Cincinnati, O., October 10, 1904.

quiring operation, they are justly entitled to the same careful study of curative measures as their fellows.

The novelty of a paper along this line may atone for any lack of originality in it. Circumstances compel me to be a collector of the scattered teachings of other men rather than an investigator.

No system of treatment, either medicinal or surgical, can be truly successful that is not based on the known anatomical structure and physiological functions of the organ to be treated.

The complex structure of the nose and its various important functions make the study of its therapy a problem of many factors, too many of them unknown quantities. We must consider the effect of remedies used on the mucous membrane, with its delicate epithelium, in the respiratory tract. We should know their action on the secreting cells of the mucous glands and how they affect the moistening of the inspired air. Their action in increasing or checking capillary circulation and the flow of blood through the turbinated bodies is of vital importance to their intelligent use.

Whether a medicine will induce relaxation or contraction of the unstriped muscular fibres in the turbinated bodies must always be considered if our treatment is to be helpful rather than an obstacle to the natural restorative powers. The terminal nerve filaments of common sensation and of the special sense of smell are subject to the action of our remedies. Add to the complex problem already presented the changes produced by disease and you will comprehend the task of one who seeks to treat rationally the common diseases of the nose.

The common inflammatory diseases in the nose that we treat medicinally are acute catarrhal rhinitis, epidemic influenza or la grippe, purulent rhinitis, simple chronic rhinitis, intumescent rhinitis, hay fever, eczema in the vestibule, and the early stages of hypertrophic rhinitis. Atrophic rhinitis I should class as a trophic disease, not as an inflammation. In addition, we have the specific infections of syphilis and tuberculosis demanding an intelligent and scientific therapy.

Many operative cases will be benefited by preliminary treatment. Better results will be obtained after operations if the resultant conditions are intelligently handled so as to aid the natural process of repair. In hypertrophic rhinitis the preliminary treatment will decrease the congestion so that there will be less danger of removing tissue that is only inflamed and not really hypertrophic. Chronic congestion is not recognized as a cause for amputation anywhere else in the body, and should not be so considered in treating the nose. After operations in this disease the formation of new tissue will again occur if the chronic inflammation persists. The recurrence of hypertrophies can be prevented by intelligent after-treatment.

A majority of the patients with deformities of the septum or with benign tumors of the nose have also a complicating inflammation that should be treated medicinally.

A great deal of needless repetition will be avoided if we consider first conditions common to most or all of these diseases. In all we find an accumulation of disordered secretions in the nose. These secretions are a culture medium for innumerable pathogenic and non-pathogenic micro-organisms. Hence the first step in treatment is an effective method of cleansing the nose.

For the knowledge that enables us to adapt our cleansing agent to the conditions present in the nose, we are indebted to Wyatt Wyngrave.

The muco-purulent accumulations in the nose are composed of an alkaline solution of mucin with globulin and serum albumin in varying proportions. Degenerated epithelial cells and leucocytes are suspended in the fluid. The composition of the purulent accumulations is given differently by different authors. The essential point for us to remember is the varying constituents are soluble in weak solutions of alkaline or neutral salts. The best of the solvents are sodium, potassium and magnesium sulphates and sodium bicarbonate and borate. These drugs should be used either singly or combined in from 0.5 to 2 per cent. solutions. We should not expect too much of our cleansing agents and try to combine asepsis with them. All active antiseptics precipitate proteids, and if used alone not only fail to cleanse the membrane, but make the muco pus harder to remove from the nose. Some of them combine readily with sodium sulphate, and when mixed the solution does not precipitate proteids as readily as the antiseptic alone. Salicylate of soda and potassium permanganate are the most valuable antiseptics which may be used in combination with cleansing agents.

"A protesting word may here not be superfluous with regard to many popular formulæ combining thymol, eucalyptol, menthol and other aromatics with various inappropriate salts which are employed as antiseptic douches. They are not only extremely irritating to the mucous membrane, especially the nasal, sometimes causing great discomfort, but they should only be recommended as deodorants, and in those cases which demand stimulating as an adjuvant to the routine solvents, *e. g.*, atrophic rhinitis" (Wyngrave).

A point of great importance not considered by Wyngrave is that cleansing solutions should be isotonic. Pure water or strong salt solution causes considerable pain and smarting in the nasal passages from the disturbance of the normal relations of salt and fluid in the surface cells. Isotonic solutions cause no pain.

For the discharge in ordinary catarrhal conditions an efficient douche or spray would be sodium sulphate, one and one-half drams; sodium bicarbonate, forty grains; water, one pint. Borax may be substituted for the bicarbonate in this formula. Where an antiseptic action is desired sodium salicylate may be added to this solution. For the offensive crusts of atrophic rhinitis or the purulent discharge in the late stages of acute rhinitis an efficient formula is sodium sulphate, one and a half drams; potassium permanganate, two grains; water, one pint. To cleanse the nose of blood clot after epistaxis or after operations a solution of calcium chloride, thirty-six grains, in water, one pint, is the most efficient. The safest instrument for using these solutions is an atomizer throwing a coarse spray. Where the turbinate bodies are much swollen, after a preliminary spraying with the cleansing solution adrenalin should be sprayed into the nose and sufficient time allowed to elapse for its contracting action on the distended vessels. Then a second spraying with the properly chosen cleansing solution, followed by a light brushing with a cotton-wrapped probe, if necessary, completes the toilet of the nasal mucosa and prepares the diseased area for curative medication.

What can be done by medication? In all inflammatory diseases we can relieve congestion and diminish abnormal sensibility. We can induce contraction of the muscular fibres that control the size of the turbinate vessels and temporarily restore the patency of the nostrils. By frequent repetition of this process it is often possible to prevent continued exudation of serum and infiltration with leucocytes. Where this is done early enough the formation of new connective tissue is prevented and the necessity for operative treatment avoided. In the inflammatory diseases where there is rapid proliferation of the epithelium we can supply a protective coating. It is also in our power arrest in a large degree the growth of bacteria in the nasal secretions. While bacteria probably have little causal relations to most nasal diseases, their unchecked growth in diseased cavities is certainly a source of irritation, and their destruction, when accomplished without injuring the membrane, is an aid to recovery.

A remedy producing three of the desired results is menthol. The addition of one part of menthol to a thousand parts of an organic fluid will prevent decomposition for a week. The experiments of Rosenburg show that it is a local anesthetic inferior only to cocaine or eucaine. It apparently has a cumulative action, anesthesia being much more prolonged at succeeding applications than when first used. It also has a decided action on the blood-vessels, quickly relieving the congestion in inflamed and dilated turbinate bodies. The properties of the drug indicate its use in acute rhinitis after the first stage of the attack has

passed. It is valuable in la grippe, in simple chronic rhinitis, and of the greatest service in the early stages of hypertrophic rhinitis, before new connective tissue is formed. Its effect on the circulation makes it an unsuitable remedy in atrophic rhinitis, except for temporary use in the treatment of intercurrent acute inflammations. As ordinarily recommended it is used in too strong solutions. A mixture containing from $\frac{1}{2}$ per cent. to 2 per cent. of menthol will exert all its beneficial effects and will not irritate as the stronger solutions do.

A remedy very similar in its action to menthol is camphor. Its antiseptic action is very feeble. It is anesthetic to the unbroken skin. It is irritating in strong solutions to the mucous membranes, and if too concentrated may cause inflammation and sloughing. It is soothing if used in weak solutions, especially so if the solvent is a bland oil. Combined with menthol, the beneficial action of both drugs is greatly increased. In hypertrophic rhinitis the mucous membrane is blanched by the combined drugs. The turbinated bodies are shrunken and the nostril opened. By the use of this combination the necessity for operation on congested turbinates is avoided. While originally very strong solutions were advised, in the writer's hands better results have been obtained by using weak solutions, never over 3 per cent.

An inviting field for experiments in nasal therapy is offered by other camphor compounds. Camphorated choral will probably be the best of these from its power of taking up large quantities of alkaloids. The combination of camphor, choral and morphine naturally suggests itself for painful ulcers, but morphine has no local effect. With atropine substituted for the morphine beneficial local effects may be expected in the second stage of acute rhinitis and in nasal hydrorrhœa. Camphorated phenol, a powerful local anesthetic and antiseptic, has been but little used in nasal therapy. It decomposes in contact with moist surfaces and has the caustic effect of carbolic acid.

Thymol is another stearoptene that has been freely used as a remedy in diseases of the nose. It is antiseptic, a stimulant to the circulation, and possesses some anesthetic properties. It is very slightly soluble in water, so alcohol has been added to the commercial preparations containing thymol that are so extensively advertised and sold.

The irritating properties of these preparations are largely due to the alcohol. The stimulant action of thymol on the circulation makes it an unfit remedy in acute inflammations or in chronic inflammations where there is a tendency to the formation of new tissue. The stimulant, deodorant and antiseptic properties of the drug are all useful in atrophic rhinitis and tertiary syphilis. The vehicle should be an oil, in which it is readily soluble, to avoid the irritant effects of alcohol in the aqueous solutions. The weakest aqueous solution from which a therapeutic

effect may be expected is one-half grain to the ounce. In oil, five grains to the ounce is near the limit of tolerance.

The oil of eucalyptus is a favorite remedy with the author in some intranasal diseases. Applied locally it is slightly irritating and stimulating to the circulation. It is a powerful antiseptic and disinfectant. Given internally in small doses it is a respiratory stimulant and stimulant expectorant. The pleasant odor of the oil will hide the offensive breath of atrophic rhinitis better than any other medicine in common use. Used either alone or combined with thymol, it has given better results in atrophic rhinitis than any other remedy. Three per cent. of the oil of eucalyptus in any bland oil as a diluent is the proper proportion for the ordinary patient. The prescriber should always be sure his patient is getting the natural oil. The synthetic oil on the market is very irritating and does not possess the medicinal virtues of the natural product. As the artificial oil is made by one of our most prominent and reliable drug houses and is much cheaper than the natural oil, it will be dispensed unless the doctor insists that the latter be used.

A valuable remedy that has been but little used in nasal therapy is resorcin. It is an antiseptic, and in solution prevents fermentation or decomposition. It has feeble analgesic properties. It is not irritating to the skin, but the powdered drug will blister the mucous membrane. Added to the solutions of the different suprarenal extracts, it prevents their decomposition and increases their efficiency. I began using 1 per cent. of resorcin in a 1 to 8,000 solution of adrenalin chloride to contract the swollen turbinates in acute rhinitis, so that other remedies could reach more of the diseased surface. Observation soon showed that this combination alone was a very efficient treatment, often promptly aborting the attack.

The aromatic oils, especially those of cloves, wintergreen, cinnamon and anise, serve useful purposes in nasal therapy. They are all irritant when first applied to mucous membranes. In a few minutes this irritation subsides and is followed by local anesthesia. With the exception of gaultheria they are active antiseptics. Of the aromatics mentioned, the oil of cinnamon alone is poisonous to the tissues. They are useful as adjuvants to other remedies, and give a pleasant odor and taste to preparations that are disagreeable without the addition of aromatics. A very small proportion of these oils should be used in any mixture to avoid their irritant effects. One or two minimis to the ounce is enough to get their beneficial action without injuring an inflamed membrane.

The vegetable astringents that were so freely used in the earlier years of our specialty have a very unimportant place in modern nasal therapy. A better knowledge of the pathology of this organ confirms

what we had learned empirically that they are worthless in the nose. Nitrate of silver seems to be the only mineral astringent distinctly indicated in nasal diseases. Its antiseptic action and mild caustic properties make it very useful in tertiary syphilitic ulcers. The coating of coagulated albumen it forms when applied locally makes it a valuable agent in eczema of the vestibule.

Iodine is a powerful disinfectant, parasiticide and antiseptic. Locally it is irritant, vesicant and caustic, the effect depending on the strength of the solution and the frequency of its use. It combines with the albuminous portion of the secretions and prevents their decomposition. The salts of iodine have no local action. Used in solutions weak enough not to irritate excessively the drug is useful in preventing the decomposition of the discharge in atrophic rhinitis. In indolent syphilitic ulcers its local action promotes healing when other remedies fail. It is of more value in the chronic inflammation of mucous membranes where there is a large amount of lymphatic tissue, as in the pharynx, than in the nose where lymph tissue is scanty. In "Boulton's solution" the proportion of iodine is one dram of the compound tincture to three and one-half ounces of the mixture.

Carbolic acid is a local anesthetic, a disinfectant, a deodorant and a parasiticide. Its penetrating and unpleasant odor has prevented much use of it in the nasal cavity. The same results can be obtained by more agreeable remedies. There is one condition, though, where it would be hard to find a substitute. Dunbar's researches have shown that the toxin of hay fever is soluble in alkaline solutions. The ordinary alkaline cleansing spray aggravates an attack of hay fever. Carbolic acid is the most available remedy that is both acid and anesthetic, and these qualities make it an essential ingredient in all cleansing solutions for use in this disease.

Closely related to carbolic acid, chemically and medicinally, are the little-known chlor-phenols. Chemically they may be briefly described as phenol with one atom of its hydrogen replaced by chlorine. Para-chlorphenol is the most powerful antiseptic of any drug in the aromatic series. It is a more active local anesthetic than carbolic acid, and its pain-relieving action continues much longer. It has given me better results in localized tuberculosis than any other remedy. In erysipelas of the mucous membranes it has been used with excellent results. Its unpleasant odor is the greatest hindrance to its use. Two per cent. solutions in oil are the proper strength for use in the nose.

The study of other familiar drugs would extend this paper to unreasonable limits. Newer remedies must also be considered at another time. The foregoing brief résumé of facts that can be gathered from medical literature is valuable chiefly for the ignorance it reveals. We

do not know how much effect the solvent, whether water or oil, has on the action of many of the remedies used. That this may be very important is shown by what is known of carbolic acid. A five per cent. solution of it in water has a marked destructive action on anthrax spores and bacilli. A solution of the same strength in oil or alcohol has no disinfectant action. There are only two drugs, cocaine and suprarenal extract, where we know the length of time their action continues. Consequently, we do not know how often to repeat the sprays we daily prescribe. In only two drugs has an intelligent study been made of their action in combination. Finally, our *materia medica* contains many remedies whose properties indicate that they would be useful in nasal therapy, but we have no record of clinical tests.

This society has in its membership some as able and earnest students as can be found in any scientific association in the world. To point out to them a field where useful knowledge may be gained will insure its cultivation. I expect to see our future programmes graced by papers more complete, more definite and more scientific in their teachings of the uses of medicines in the cure of nasal diseases.—*The Lancet Clinic.*

[The bibliography following Dr. Thompson's paper has been omitted.]

SEBORRHEA SICCA.—On the crown of the head Jackson recommends a thin ten per cent. sulphur ointment rubbed into the scalp, or for the oily form a three to ten per cent. resorcin lotion (dilute alcohol with two or three per cent. of castor oil) if sulphur irritates. Apply every day for four days, then wash head; apply every other day again for ten days and wash; gradually lengthen intervals to once a week for at least three months.—*Denver Medical Times.*

“A German investigator,” says the *Scientific American*, “has discovered an exceedingly valuable and important property of aluminum, which consists in its application as a whetting agent, the effect produced on cutlery set with it being most astonishing. Though a metal, aluminum possesses the structure of a fine stone, has a strong dissolving power, and develops, upon use for honing, an exceedingly fine metal-setting substance of greasy feel, while showing great adhesion to steel. The knives, etc., treated with it quickly obtain such a fine razor-like edge that even the best whetstone cannot produce a like result. Thus, knives which had been carefully set on a whetstone, when magnified a thousand times, still exhibited irregularities and roughness in the edge, while the edge of knives sharpened on aluminum, upon exactly the same magnification, appeared as a straight, smooth line.—*The Medical Times.*

SODIUM BICARBONATE IN WOUNDS.—Where a lesion is produced by trauma, heat or chemicals, Dr. Chas. C. Miller, of Chicago, has found various strengths of sodium bicarbonate to be an excellent dressing. This common and inexpensive chemical is an agent which, if used properly, will prove exceedingly valuable to promote the formation of healthy granulations after an injury which leaves a surface denuded, and the most valuable feature of such dressings is that there is little tendency on the part of the granulations to become unhealthy, even though considerable time must pass before the epithelial cells can cover the denuded area from the margin, says the author. Sodium bicarbonate was recommended some time ago to be used in pure form in the dressing of the wounds subsequent to the operation for bubo, but after a trial of the pure drug the author found it convenient to return to applications of salves containing from 4 to 12 per cent. of the drug. The objection to the pure drug was that it was too stimulating and caused discomfort to the patient, which was undesirable where a large area was covered with the agent.

The most convenient vehicle for the bicarbonate is vaselin, and in surgical practice the author recommends that all practitioners prepare this salve or dressing, and see that it is dispensed in a sterile condition. The physician should always remember that vaselin is easily sterilized, and whenever there is a possibility of a jar of this drug being effected, if it be allowed to stand in boiling water for a time, it will be effectually sterilized. In using sodium bicarbonate as a dressing in vaselin, the mixture should contain from 20 to 60 grs. of the drug to the ounce.

The author has also had recourse with satisfaction, in more than one instance, to solutions of this drug as a wash and wet dressing, and recommends that the general practitioner more often utilize this agent in various ways rather than more expensive and less efficient agents.—*Medical Summary.*

FOR RINGWORM OF THE SCALP.—Crocker directs to shave at least $\frac{3}{4}$ inch beyond margin of lesion, then paint daily with salicylic acid dr. x in an ounce of collodion for a week, at the end of which time remove crust by prying off and apply for another week, and so on. John Edwin Hayes prescribes one dram of carbolic acid, two drams each of turpentine and tincture of iodine, and three drams of glycerine. Apply twice daily with a camel's hair brush to affected spots.—*Denver Medical Times.*

SEBORRHEA OLEOSA.—In the ordinary or mixed type Fox tells us to shampoo twice a week in the morning with tincture of green soap, and apply each evening a mixture of 10 parts of oil of sweet almond, 1 part of carbolic acid, and 100 parts of alcohol, with enough oil of citronella to perfume.—*Denver Medical Times.*

TREATMENT OF FAVUS.—Clip the hair short, says Hardaway. Soak parts in oil, or poultice, and then wash with soap and hot water to remove crusts. Then epilate hairs with epilation forceps from a small area each time and apply mercuric chloride, two to four grains to the ounce of alcohol. Prevent dissemination of disease by treating the whole scalp with a saturated solution of boric acid. For epidemic favus painting with tincture of iodine or weak mercuric chloride solution in collodion is usually effective.—*Denver Medical Times*.

REMOVAL OF SUPERFLUOUS HAIR.—One of the best depilatories, as suggested by Duhring (*Journal of American Medical Association*), consists of from two to four drams of barium sulphide, with enough starch and zinc oxide to make an ounce. The sulphide should be mild and freshly made, and kept tightly corked. At the time of the application sufficient water is added to make a paste, which is spread thickly over the part and allowed to remain one or two minutes, then scraped off, and soothing ointment or dusting powder is applied. The application is repeated every week or two, or as soon as the hair has reappeared.—*Denver Medical Times*.

NOTES AND SOCIETIES.

NIELS R. FINSEN, M. D.—One of the world's greatest scientists and benefactors, Dr. Niels R. Finsen, died September 24th, at Copenhagen, at the age of 43 years. Finsen's health was always poor, suffering from a complication of heart, liver and digestive disorders, to which he finally succumbed. After receiving his doctor's degree at Copenhagen University in 1890, as his poor health unfitted him for regular practice, he accepted a position as instructor in anatomy at the university, which position he held for three years. During this time he was studying the effects of light rays on animal life. The result was that he demonstrated that of the various colors composing ordinary sunshine and electric light the blue or actinic rays, also called the chemical rays, including the violet and ultra-violet, are the only ones having any special physiological action on animal life. The only effect of the red rays is heat, which, when intense enough, burns as fire burns. But the actinic rays do not burn but irritate. The so-called burn from violet rays is really a dermatitis. Finsen proved all this and also that the actinic rays have bactericidal action.

In 1893 Finsen published an article on "The Influence of Light on the Skin," which aroused general attention because of the assertion in

it that cases of smallpox could be relieved by putting red curtains at the windows of the sickroom. This was the beginning of the final triumph. Smallpox became epidemic in 1894 in Copenhagen and the new method was put to the test. The red-room treatment became popular with both the medical profession and the public, for by it not only was the disease cured, but the red rays prevented suppuration and left the patient unmarked by the dreaded scars.

The red-light treatment was but one application of Professor Finsen's theory that light rays contained healing, and at best it was but a negative result; it cured only when the disease had run its course. To develop the positive element of the light-ray cure, Professor Finsen began experimenting with artificial light rays. Soon he found it possible to concentrate rays of the ordinary electric light in such a way as to cure a lupus patient who for eight years had tried every other known method. The cure attracted great attention, and both moral and financial support came to the young investigator and discoverer.

In 1896 the municipal hospital of Copenhagen gave room on its grounds for several small buildings, in which Professor Finsen's experiments continued on an increasing scale. Then the Danish government came to the support of the institution, and it was enlarged and removed to Rosenvænget, a pleasant suburb of Copenhagen. Many cures of cases previously deemed hopeless were made through the new and enlarged apparatus, which was used under the direction of a staff of chemists of national renown, expert electricians and specially trained nurses, headed by Professor Finsen.

Since the establishment of the Finsen Medical Light Institute in Copenhagen it has been visited by distinguished travelers from every land. Queen Alexandria of England was so much impressed by the treatment and its evident success that she paid for the first instrument of the Finsen cure to be used in the London hospital.

In December, 1903, Dr. Finsen received the Nobel prize.

Dr. Finsen's life was a short one, but in it he accomplished more than most men do in a long life. His work will live for ages after him. He didn't use the results of his labors for his own gain, but was content to give all to the world and to live on the salary of \$1,200 per year given him by the Danish government.

In an article in McClure's Magazine, two years ago, Jacob A. Riis, the noted writer, who was a fellow patient of Professor Finsen during the summer of 1890, in the Commune Hospital in Copenhagen, wrote his impressions as follows: I came to look with a kind of reverential awe upon this patient, silent man, whose every thought was for his suffering fellows, while he calmly counted the hours to his own release from racking pain. I learned from his own lips the story of his great

temptation. How when he had finally made his great discovery he lay awake one whole night debating with himself whether to turn it to account in practice—Finsen is a poor man—or to give it and his life to the world. He chose poverty, and the world is richer for his sacrifice."—*Wisconsin Medical Recorder*.

Dr. Albert J. Atkins, of San Francisco, California, and Professor of Physiology in the California Medical College (Eclectic), has for some time been engaged in scientific research which has led him to the discovery and proof of the electrical action of the life principle in the living lungs. He reports his latest experiment as follows: "On Thursday morning, September 22, 1904, I performed an experiment on the lungs of a living animal, at the slaughter pens of Messrs. Clayberg & George, South San Francisco, Cal. Tracheotomy was performed on a living sheep, two especially prepared, small platinum electrodes were inserted through the opening into the cavity of each lung; these platinum electrodes were attached by about thirty feet of insulated, copper wire to a Weston galvanometer. The instant the electrodes reached the air-chambers of the lungs the needle of the galvanometer moved from zero point alternately to the right and to the left, the full length of the scale, at each breath of the animal. This action proves conclusively that there is an electrical current in the living lungs; also that the current alternates from positive to negative with perfect rhythm at each breath of the animal. The introduction of oxygen gas into the lungs, during inspiration, accelerated the action of the needle, thereby showing that oxygen increases the electrical action taking place. In this experiment I was assisted by Drs. H. W. Hunsaker and E. A. Lewis, also by Mr. E. H. Forst, an electrical expert, all of whom reside in this city. Numerous others witnessed the experiment, and all are willing to bear witness to the details herein described."

THE newly organized Central Ohio Eclectic Medical Society held its second meeting at the Arcade Hotel, Springfield, Ohio, on Tuesday, November 1, 1904. The meeting was well attended and a success from beginning to end. The Committee on Constitution and By-laws made its report, which was approved and adopted. Dr. G. W. Reichard, of Springfield, was elected Vice-president. Dr. Reichard and Dr. J. H. Reynolds each presented a clinic. After the business meeting Dr. L. E. Russell tendered a banquet in honor of the Society's distinguished guest, Prof. John Uri Lloyd. Prof. Russell acted as toast-master and toasts were responded to by Prof. Lloyd, Adam Schmidt, C. E. Miller, and Rev. Dr. Alexander C. McCabe. A number of Springfield's leading pharmacists were guests at the banquet. Prof. Lloyd addressed the

Society on the "Evolution of Pharmacy and Eclectic Medicine," after which he was made an honorary member of the Association.

Dr. W. H. Swisher extended an invitation for the Society to meet at Dayton, Ohio, on Tuesday, January 3, 1905, and the invitation was accepted. We hope to see every eclectic in this territory at the meeting.—*Guy J. Kent, M. D., Cor. Sec'y.*

The foregoing Society is growing, ten new applications for membership having been received at the last meeting. The Society is located in the midst of a section of country easily accessible in short time and in a part of the State well represented by representative eclectic physicians and eclectic patrons. Those present at this meeting were: L. E. Russell, C. W. Russell, I. W. Clinger, J. H. Reynolds, J. W. Barry, Howard H. Austin, F. A. Garwood, A. C. Miller, Adam Schmidt, Henry J. Roth, C. F. Buchholtz, H. N. Siegenthaler, S. H. Folckemer, the Rev. Dr. A. C. McCabe, of Springfield; J. P. Harbert, of Bellefontaine; Chas. A. Hartley, of Troy; Robt. W. Chalfant, of Bellefontaine; W. P. Madden, of Xenia; W. Deardorff, of New Moorefield; J. B. Barker, of Fletcher; A. M. Potter, J. E. Cooper, of Springfield; C. L. Amidon, of Mechanicsburg; Guy J. Kent, of Casstown; Wm. H. Graham, of So. Charleston; Oscar Ralston, of Bellefontaine; E. D. Bahler, of Terre Haute; W. L. Snyder, of Urbana; and John Uri Lloyd, of Cincinnati. The latter, in addition to his discussion of the Evolution of Pharmacy and Eclectic Medicine, addressed the Society concerning the expedition of Kentuckians against the Indians in the Springfield country during the Colonial days.

At the Thirtieth Annual Meeting of the Mississippi Valley Medical Association held in Cincinnati in October the following officers were elected for the ensuing year: President, Dr. Bransford Lewis, of St. Louis, Mo.; First Vice president, Dr. F. P. Norbury, of Jacksonville, Ill.; Second Vice-president, Dr. J. H. Carstens, of Detroit, Mich.; Treasurer, Dr. S. C. Stanton, of Chicago, Ill.; Secretary, Dr. Henry Enos Tuley, of Louisville, Ky.; Assistant Secretary, Dr. John F. Barnhill, of Indianapolis, Ind. The 1905 meeting will be held in Indianapolis.

THE Sixth Quarterly Meeting of the North Eastern Ohio Eclectic Medical Society will be held Thursday, December 8, 1904, at the Hollenden Hotel, Cleveland, Ohio. The officers of this Society are: T. D. Hollingsworth, M. D., President, Creston, O.; O. A. Palmer, M. D., Vice-president, Cleveland, O.; A. F. Green, M. D., Secretary, Cleveland, O.; E. E. Bechtel, M. D., Cor. Secretary, Lodi, O.; W. K. Mock, M. D., Treasurer, Cleveland, O. A practical and interesting program will be considered as follows: At 10 am., Obstetrical Hints, A. F. Green, M. D., Cleveland, O.; Cases in Practice, L. S. Graves, M. D., Leon, O. Lunch, 12 m. 1 pm., A Few Interesting Cases of Heart Lesions Revealed by

the Scalpel, J. S. McClellan, M. D., Sandusky, O.; Pneumonia and Its Treatment, E. Brinkerhoff, M. D., Bristolville, O.; Pneumonia, W. K. Mock, M. D., Cleveland, O. Unfinished business. Adjournment. We hope that every eclectic in Northeastern Ohio will see his opportunity to attend this meeting. Besides the knowledge gained at these gatherings there is the greater good of fellowship and the strength that comes of union—strength that proves of value when eclectic interests are to be considered.

Dr. W. T. Milstead has removed from Moorhead, Miss., to Hot Springs, Arkansas, where he will be pleased to attend cases that may be referred to him by physicians.

GLEANER readers will regret to learn of the death, on November 9, of Dr. Wm. K. Foltz, of Akron, O., father of Prof. Kent O. Foltz, M. D., and one of the foremost of the eclectic physicians of northeastern Ohio. He was a graduate of the Cincinnati College of Eclectic Medicine and Surgery.

BOOK NOTICES.

The GLEANER will be glad to furnish any book referred to below, or any book in the line of medicine and allied sciences. Only the latest editions will be sent. When catalogue price accompanies the order, the book will be sent prepaid. Write for complete price list of medical and surgical works.

Medical Latin, a Quiz Compend, designed for Elementary Training of Medical Students by W. J. St. Clair, A. M. Second Edition, Revised. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St. 1904. Price, \$1.00 net.

A knowledge of elementary Latin is now required in order to study medicine with facility and be able to correctly interpret the significance of medical terminology and comprehend prescriptions when written in their most approved forms. This book of 131 pages is admirably adapted for the medical student, the lessons being concise and easy, and the book is completed by an English-Latin and Latin-English Vocabulary. We commend it.

A Philosophy of Therapeutics.—“The foundation of which rests upon the two postulates: First, that it is the human organism that is the active factor in the healing of the sick, and not drugs; and second, that there are two therapeutic laws.” By Eldridge C. Price, M. D. Nunn & Co., Baltimore, Md. 1904. 336 pages. \$2.00.

An interesting book, charmingly written, and unusually free from sectarian bias. It should be read by every member of the healing art,

whether he calls himself Regular, Homœopathic or Eclectic. Were every practitioner to accept the fundamental principles of ethics as herein laid down by Dr. Price, and practice what he teaches the profession would make in a few years greater strides than it has in its whole history. The greatest good of the patient is kept in the foreground. That it is the human organism and not drugs that act in the cure of the sick is strongly defended. The book must be read to be appreciated.

Diseases of the Lungs, Bronchi and Pleura. By H. Worthington Paige, M. D., Lecturer on Theory and Practice of Medicine in the New York Homœopathic Medical College. 165 pages. Cloth, \$1.00. Postage, 8 cents. Philadelphia. Boericke & Tafel. 1904.

An extremely useful book of handy size, giving the essential facts only and the most approved homœopathic treatment of the diseases treated. Physicians of all schools will find it of interest to them and will profit by reading it. It is designed as a text book for students and reference book for practitioners.

The Diseases of the Uterine Cervix. By Homer Irvin Ostrom, M. D., New York, Surgeon to the Metropolitan Hospital, etc. Author of "A Treatise on the Breast and Its Surgical Diseases," "Epithelioma of the Mouth," etc. 386 pages. Cloth, \$2.50. Postage, 18 cents. Philadelphia. Boericke & Tafel. 1904.

In this monograph, which will appeal particularly to the gynæcologist, the author has seen the propriety of discussing diseases of the cervix apart from those of the uterine body, because of their embryological, anatomical and physiological distinctiveness from each other. Explicit and frequent directions are given concerning the methods of examining, and all vital points of the subject are noted in black letter. The work is very full, scholarly, and will fill an important place in medical literature. A well selected repertory completes the book.

A Laboratory Manual of Human Anatomy. By Lewellys F. Barker, M. B. Tor., Professor and Head of the Department of Anatomy in the University of Chicago and Rush Medical College. Assisted by Dean De Witt Lewis, A. B., M. D., and Daniel Graisberry Revell, A. B., M. B., Instructors in Anatomy in the University of Chicago. Illustrated. Philadelphia and London. J. B. Lippincott Company. 1904. 583 pages. Price, \$5.00.

This is one of the most satisfactory works for guidance in the study of anatomy that a century in the production of books on that subject has brought forth. It is in fact a laboratory guide; the student who uses it must also use the body and see and feel the parts illustrated. Such books as this will lead to independent investigation on part of the student

and cause him to reach out into the literature of the science as no single descriptive text book can possibly do. He is encouraged to consult anatomical atlases, particularly those of Spalteholz and Toldt, and to study journal articles on subjects pertaining to this branch. No one could follow this guide through with actual work upon the cadaver, atlases, wet preparations, and models without becoming an accomplished anatomist. It is beautifully printed and illustrated with 298 engravings, some of which are in colors.

The Surgical Treatment of Bright's Disease. By George M. Edebohls, A. M., M. D., LL. D. Frank F. Lisiecki, Publisher, 9 to 15 Murray Place New York. 1903. 337 pages.

The woeful lack of results in the medical treatment of chronic nephritis and the apparent success of surgical decapsulation of the kidney makes this monograph a very useful and timely one. Dr. Edebohls, who was the first to undertake the operation, now known as Edebohl's operation, that of renal decapsulation for the cure of chronic Bright's disease, treats the subject from every standpoint, historical and otherwise, and the book is supplemented by a full bibliography on this novel and recent triumph in surgery. The book should be in the library of the general practitioner to keep him abreast of the times and in that of the surgeon for practical guidance in his work in this field.

The Physician's Visiting List for 1905 (Lindsay & Blakiston's). 54th year. (See advertisement for description of styles) The popularity of this pocket book is well attested by its fifty-fourth annual appearance. This volume has a *new* feature in the dose list of the U. S. P. for 1900. This is the first time in the history of the Pharmacopœia that dosage has been given. It contains also much valuable data, besides the blank pages for visiting list and various memoranda. The price of this book is \$1.00.

The Physician's Pocket Account Book, by J. J. Taylor, M. D. Published by the Medical Council, 1405 Walnut St., Philadelphia.

The necessity of using an account book that will be brief, handy, and will meet all legal demands is well recognized by doctors. Dr. Taylor's account book meets all requirements. It is a single system, the entries being made originally in ledger form. No signs are required in making entries, and the book is of convenient pocket size, neatly bound. For labor saving none excels it.

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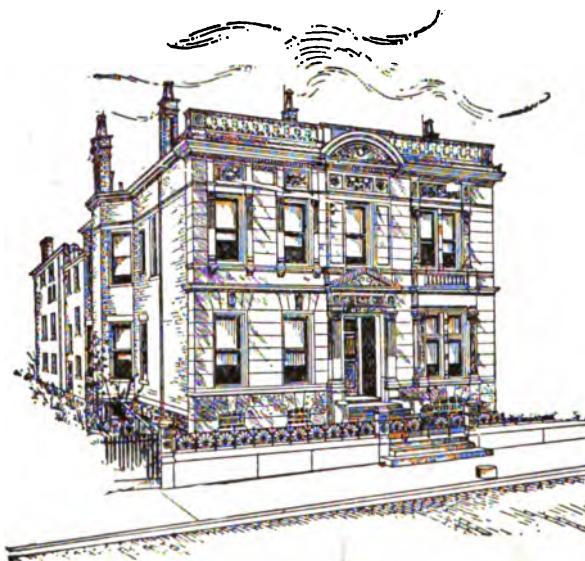
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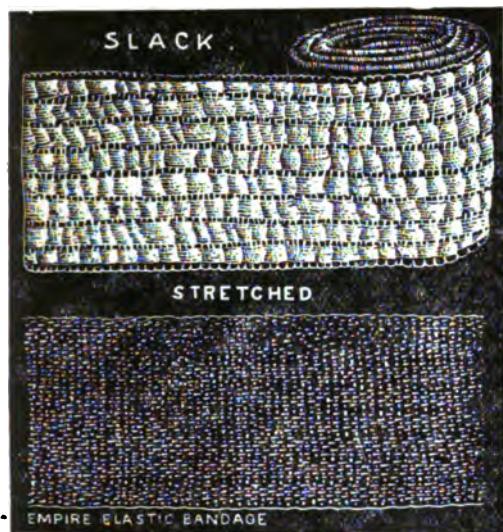
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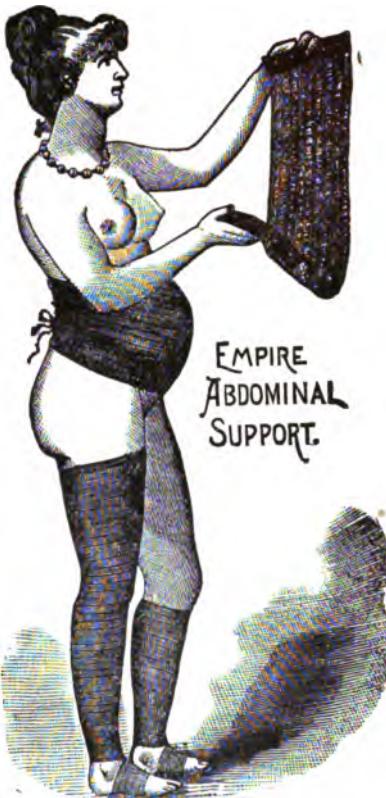


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